
To: Health and Well-being Board

24th June, 2013

From: Dr Jane Moore, Director of Public Health

Subject: Monitoring and improving quality in health and social care: public health services

1. Introduction

1.1 Public Health has two key areas of responsibility around quality: these are ensuring that public health commissioned services are safe and high quality, and providing leadership for the public health system within their local area (a statutory responsibility of the Director of Public Health).

2. Public Health Commissioned Services

2.1 Public Health is responsible for commissioning a range of services, through the public health ring-fenced budget. This includes:

- NHS Sexual health services (including community contraception clinics, the treatment service for sexually transmitted infections, HIV prevention)
- Drugs and alcohol services for adults and young people
- The NHS Health-check programme (delivered by GPs)
- Sexual violence counselling services
- The 'Making Every Contact Count' programme which trains staff across the public sector to deliver lifestyle advice and sign-posting to customers and patients
- A range of prevention services including the health trainers service, diet and exercise programmes and stop smoking services
- Public Health services provided by GPs and community pharmacies including Locally Enhanced Services for alcohol, chlamydia screening, pregnancy testing, emergency contraception

2.2 Other public health services are provided within the Council. These include the Health Development Service (Community Services) and the Occupational Health Service.

3. Monitoring quality in public health services

A number of processes are in place to monitor the quality of public health services:

- Specifying quality standards in contracts with providers. These include core NHS quality standards (for example infection control standards) and additional locally-specified standards.
- Ensuring that service specifications for public health services are based on high-quality evidence of effectiveness or standards (for example, guidance issued by clinical Royal Colleges or the National Institute for Clinical Excellence).
- Regular contract review meetings which include reporting on incidents as well as highlighting positive or critical feedback from service users or members of the public. These meetings are held quarterly with increased frequency if specific issues or problems need resolving.
- Investigation of incidents and learning lessons from Serious Untoward Incidents or lower grade incidents.
- Routine data monitoring and bespoke audits.
- Customer feedback via bespoke satisfaction survey and informal feedback
- Participation in other quality forums such as Coventry and Rugby Clinical Commissioning Group Clinical Quality Review meetings. This is particular important way of getting a consistent picture of quality issues across providers where several organisations may be commissioning the same provider and for triangulation information about quality from several different sources.

4. Responding to the Francis Report

Although the Francis Report does not explicitly refer to public health services, many of the findings of the report and its recommendations are applicable. Key findings that relate to public health include the need to share data about quality between organisations, the importance of having an open culture and being open to criticism, the need to put in place fundamental, enhanced and developmental standards to drive up quality and putting patient and service users' experience at the heart of services.

5. Reporting mechanisms for quality issues

5.1 As public health services transfer from the NHS to local government, we need to make sure that we also have the right quality mechanisms in place for public health and that these connect to wider NHS and local government systems and processes. This includes ensuring that relevant lessons from the Francis Report are embedded within local government.

5.2 The following mechanisms are being developed for reporting and escalating quality issues in public health and related services:

- Routine reporting of any quality issues to the Director of Public Health from the relevant service lead/ commissioner.
- Reporting of incidents to the Clinical Commissioning Group through the Clinical Review Group and CCG Governing Body
- The establishment of a senior-level Clinical Quality Group within the City Council to oversee quality in public health services and services which have a clinical dimension. The purpose of this group will be to ensure that appropriate organisation-wide arrangements are in place to ensure that local service are safe and high-quality, to hear service user feedback on services and to ensure that incidents are appropriately investigated and that lessons learned are used to improve services. The group is being developed with Legal Services, CLYP, Community Services, HR, HealthWatch/Links and the CCG.

6. Focus for the next 12 months

The key priorities for the next twelve months are to:

- Establish the City Council's Clinical Quality Group
- Review all relevant public health services to ensure that appropriate mechanisms are in place for quality surveillance, incident management and listening to the voices of service users, representatives or their carers.
- Work with Scrutiny Board 5 (Health and Social Care) so that there is effective challenge and oversight of quality issues in public health and related services.
- Work with other organisations, including Coventry & Rugby Clinical Commissioning Group and the NHS England Local Area Team to share learning about quality issues and ensure there is a coordinated approach to quality locally.

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