Clinical Governance of Public Health Commissioned Services

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2 Summary

This report on the clinical governance of public health services covers the period since the last report was presented to the Health and Wellbeing Board in July 2016. Transparency is an essential element of good governance and the boards of other clinical commissioners, e.g. the CCG, will receive regular public updates of the quality of their commissioned clinical services.

Public Health Services and the Joint Commissioning Unit jointly procure and then monitor the services we commission. The clinical services have a range of best practice, guidelines, and national standards to support their procurement and operation. The providers of clinical services are also all subject to independent inspection by the Care Quality Commission (CQC). Many of these services also have some level of national monitoring of performance and very established governance structures to detect and respond to quality issues. The smaller non-clinical services also have standards available to reference.

Our standard public health services contract has several clauses relating to maintaining and improving quality as well as reporting quality issues in contract monitoring meetings. Monitoring is proportionate to the size of the contract and nature of the risk.

There are two areas identified in the report. The Health Visiting service indicates that it has capacity issues that adversely affect their ability to offer the prescribed checks to all 0-4 year olds and have to

prioritise their work. This may become a greater issue in the future as, unlike London and England, the population of 0-4 year olds is projected to increase in Havering. This will be addressed in the forthcoming re-procurement.

The other area identified was that in a framework arrangement for a low volume service it is difficult to monitor quality of multiple potential providers. The CQC reports of our framework providers of residential drugs and alcohol services were not subject to review. Responsibility and the budget for placements has now been handed to the provider who recommends them, and this should address this issue.

Overall, there are robust governance arrangements in place across the services to identify and respond to quality issues.

3 Introduction

Public Health commissions a range of services for the residents of LB Havering. These services need to meet acceptable quality standards and have mechanisms in place to identify and respond to situations where this might not be achieved. The services are provided through four commissioning arrangements with slightly different approaches to ensuring appropriate clinical governance in each. These are commissioned:

- Direct from provider organisations
    - Health Visiting
    - School Nursing
    - Integrated Sexual Health Service
    - HIV Prevention
    - Stop smoking services for pregnant women
    - Drugs and Alcohol services for adults
    - Young people’s substance misuse service
    - Health champions
- Direct from GP practices
    - Primary Care Sexual Health Service
    - Health Checks
- Via London or national lead commissioners who monitor the contracts
    - HIV prevention
    - HIV testing
    - Stop Smoking Support
- Using a framework arrangement
    - Residential detoxification and rehabilitation

The largest services are procured against national standards with some performance measures reported nationally. Our standard public health contract provides a range of processes to support and improve quality. These cover service specification; staff qualification, registration and training; quality monitoring; quality improvement; and governance arrangements.

Providers of clinical services are subject to independent assessment of their quality by the Care Quality Commission (CQC) by regular inspection. Public sector providers receive a CQC rating and all independent sector providers will in future inspections.

4 Commissioned from provider organisations

These services have been procured through an established provider organisation. There are regular contract monitoring meetings hosted by the Joint Commissioning Unit (JCU) with clinical governance as a standing agenda item. The NHS organisations (NELFT and BHRUT) have robust governance arrangements and have been long subject to a national inspection regime, most recently by the CQC. They report serious incidents via NHS channels and these are monitored nationally. In the contract we specify we should be copied in to the notification. It is an NHS responsibility to monitor quality and address serious incidents in these organisations. This includes the qualifications, registration, and training of staff.

Non-NHS organisations tend to have a more recent history of formal clinical governance arrangements. The level and depth of reporting is not as comprehensive as NHS organisations, though their size means that it would be inappropriate to match the arrangements in very large NHS organisations.

The CQC started its inspections regime with NHS organisations. It is now in the process of extending this to all providers who deliver clinical services. This applies to all the services in this group apart from Health Champions and HIV prevention. NELFT is rated as good overall as an organisation, while BHRUT is rated as requiring improvement.

The Health Visiting, the national child measurement programme delivered by School Nursing, and drug services for adults and children are actively benchmarked nationally for performance at both service and system level in formal reports.

4.1 Health Visiting (NELFT) and School Nursing (NELFT)

Service Summary

- £2.595m spend

- A Health Visiting service carrying out antenatal and post-birth visits to mothers
- Developmental assessments and health and wellbeing checks for 0-4 year olds.
- Review 0-5 year old looked after children.

- A School Nursing service for young people aged 5 – 19;
- Health and wellbeing training sessions for pupils, staff and parents
- Health and wellbeing drop in sessions for pupils.
- Deliver the National Child Measurement Programme (NCMP)
- Universal health assessments, including vision and hearing screenings.

Clinical governance

Performing above most KPIs some of which are monitored nationally.

The Health Visiting provider (NELFT) regularly indicate that there are capacity issues that impact achieving mandatory developmental checks for the Health Visiting services. This service historically has received amongst the lowest levels of funding nationally and on transfer to the Local Authority has continued to receive the same level of funding as previously provided by the NHS.

Twenty-four Incidents were reported to commissioners. Nine of these relate to deaths of children that were unexpected at the time. The cause of these is accidental or previously unknown medical conditions. They are treated as incidents because the service checks health and wellbeing and gives

advice on bringing up babies, including avoiding accidents. None of these deaths were in any way the responsibility of NELFT, but all are examined to see if any lessons can be learned.

Three were babies and children brought to health visitor clinics ill or distressed. Three involved minor accidents to children in clinics and two for staff. Four concerned the environment or equipment used and the remainder were safeguarding issues. In all action was taken, or there was a decision that no action was required.

Risks identified were insufficient capacity to meet demand and the necessity to prioritise both clinical and non-clinical work with some additional staff funded temporarily. Additionally, for a brief period there were some issues with health visitors being notified of A&E attendances. There was also concern about the capacity of specialised children's services to receive and act on referrals made by Health Visitors.

Annual safeguarding reports were completed detailing the cases identified and referred, as well as multi-disciplinary team meetings to address safeguarding issues in children.

There were three formal complaints, two about the Health Visiting and one about the School Nursing service. There were the same number of compliments received. Two people informally raised concerns about cancelled clinics they had not received notification of and one felt that staff were not adequately trained about diabetes. NELFT regularly undertakes structured 5x5 surveys and these have been universally positive about both services. There have been no service evaluations or audits undertaken at the request of CQC, for NICE compliance or as part of peer reviews. Staff turnover in both services is low.

The CQC inspected NELFT in November 2017 and rate the organisation overall as "Good". Health Visiting and School Nursing Services were covered by the inspections and all comments about these services were descriptive with none being critical

The school nursing contract is performing well enough for a two-year extension to be recommended. to be recommended and extended to cover mental health. The issues about specialist services are being raised with CCG commissioners.

4.2 Integrated sexual health services (BHRUT)

Service Summary

- £1.233m spend
- Open access sexual health services, including prevention, detection, treatment, and contraception.

Clinical governance

Performing above KPIs with some national monitoring.

The service had no serious incidents in their single clinic setting which allows a comprehensive recording and assessment of all incidents. 158 other incidents were notified in a large number of categories with the main ones (60% of the total) being record keeping, handling of tests and results, IT infrastructure and communication. One of these caused some harm in the short term only, and 10 were near misses. Two-thirds caused no harm and the balance, 33 caused some minimal harm.

The service did not identify any systematic risks. There were no safeguarding issues identified. The integrated sexual health service has undertaken a wide range of clinical training and participated in

local and national audits. They have had no formal or informal complaints and received no compliments.

The CQC have inspected BHRUT in January 2018 and rated the organisation overall as needing improvement. The sexual health services were noted to have been of high quality with some outstanding elements, but the service as a whole was not properly integrated with the rest of the trust, particularly in terms of leadership. This will limit but not detract from the performance of the service.

The contract is performing appropriately and the provider of this service has been inspected several times by CQC. No concerns about this service have been identified.

4.3 Specialist Drugs and Alcohol Service (WDP)

Service Summary

- £1.376m spend
- For adults aged 18+
- Prescribed and non-prescribed drug addiction and alcohol problems
- Information, advice, support, assessment and drop-in
- Harm reductions; needle exchange and substitute prescribing
- Treatment; community services and access to residential placements
- Education, training and employment support

Clinical Governance

Performing above the overarching KPIs, with some improvement sought in specific areas. There is comprehensive national monitoring and benchmarking.

No serious or other incidents have been reported by JCU. The CQC inspected the service in 2016 (they did not rate independent providers of our services) and identified some areas of outstanding practice and also areas where improvement was necessary. These have been addressed by WDP and independent providers of drugs and alcohol services will be rated in inspections from April 2018.

The service is performing well enough for the contract to be extended for two years. Contract monitoring is on a monthly cycle but that will be reduced to two monthly with an aim to move to quarterly.

4.4 HIV Prevention (Positive East)

Service Summary

- £26k spend
- Targets groups locally that are not the focus of the national campaign
- To improve the health, wellbeing of individuals and communities affected by HIV in Havering.
- To reduce late and very late diagnosis of HIV.

Clinical Governance

The local HIV prevention service is performing above KPIs and the contract will be extended

4.5 Children and Young People drugs and alcohol service (WizeUp)

Service summary

- £119k spend
- For young people aged 10-17
- Specialist YP service providing individual support for harm reduction and abstinence
- Support to YP affected by parental substance misuse

Clinical governance

This service reported that they had no serious incidents, other incidents or near misses. They identified that there were no risks to staff or clients. There were two safeguarding issues that they raised, and as a result they promoted their service to other agencies, informing them of how they could support action on safeguarding.

The service has seen a reduction in referrals, particularly from Academies. The service have put in place workshops to promote their services. Staff have completed all mandatory training and some workers additional training related to gangs.

There have been no formal or informal complaints, and the service has received no compliments.

Commissioners feel that the performance of the service is satisfactory.

4.6 Stop smoking service for pregnant women (CGL)

Service Summary

- £19K spend
- A specialist smoking cessation service for pregnant women, and those living in the same household as a pregnant woman.

Clinical Governance

The service is delivered by CGL who provide the specialist drugs and alcohol service in neighbouring Barking and Dagenham. This organisation did provide, and after a recent procurement process, continues to provide drugs and alcohol services for that borough.

The service is to be enhanced by the maternity service addition of a dedicated midwife who will provide a specialist intervention to women who present for a final scan and are continuing to smoke. There are no performance issues with the contract. No significant incidents have been notified in contract monitoring meetings.

4.7 Health Champions (Tapestry)

Service description

- £60K spend
- The service recruits volunteers and workplace health champions, providing accredited training
- Supports health improvement initiatives to improve healthy lifestyles and cancer awareness

Health Champions are health advocates in the community and the work place. Their training increases their own and the community's resilience. They are also a channel to enhance local and national public health campaigns and augment our communications strategy.

Clinical governance

Health champions receive training to the standards of the Royal Society of Public Health. The service has provided nil returns for serious and other incidents, near misses, and complaints. They have had 16 compliments.

The service meets its targets and KPIs have been met and subsequently enhanced. No significant incidents have been notified in contract monitoring meetings.

5 Commissioned from GP practices

Two approaches are undertaken to commission from GP practices. For primary care sexual health services, the contract is for named clinicians to undertake the work. For Health Checks the contract is to achieve national standards as the practice decides. These are small contracts and there is a light touch contract monitoring process.

The public health team works closely with practices and specific GPs to ensure that they are suitably trained and deliver the service according to national standards. Public Health monitors the training and throughput to maintain competencies for sexual health services. Health Checks are assured by public health facilitation of training and audit.

GP practices are subject to CQC inspection. Our sexual health service contracts are all with practices that are rated as "good". The Health Checks Programme is a universal offering, delivered locally by GP practices. Some GP practices that we are contracted with for the service are not rated as "good".

The standard contract includes a requirement to notify public health of any relevant serious incidents. The contract is signed each year and we have introduced a process by which those re-signing the contract acknowledge that they have informed us of all such incidents in the previous year. No incidents have been reported. As an additional check, the CCG has agreed to inform public health commissioners of any serious incidents relevant to the services we commission from GP practices that have been notified through the CCG, and none have been.

5.1 Primary care sexual health services

Service Summary

- £81k spend in total divided between a number of GP practices, a few pharmacies and A&E
- Long Acting Reversible Contraception (LARC: Coils and Implants)
- Emergency Hormonal Contraception (EHC) or morning after pill for 15-25 year olds
- C-Card Scheme (access to condoms)

Clinical governance

A small group of individual GP providers are recruited to deliver LARC and suitable training organised by public health staff. Workload is monitored to ensure there is sufficient activity to maintain skills. There are annual contracts and currently on renewal the provider confirms that there have been no relevant serious incidents. The providers' serious incidents are separately reported centrally under NHS governance.

All GP practices which have clinicians that provide this service have been rated by the CQC as "good". Public Health monitors the training and qualifications of those contracted and ensure that they meet minimum standards of activity to maintain skills. Commissions have no concerns about the performance against these contracts.

The pharmacies that offer EHC are also supported. The C-card scheme for condoms is available through Havering College, Young Offenders Service, children's centres and local pharmacies and assessment of governance is not appropriate for this type of service.

5.2 Health Checks

Service Summary

- £206k total spend for all GP practices.
- Provision by GP practices of Health Checks for those aged 45 to 70 to a national standard

- Identification of risk factors for disease
- Signposting to appropriate advice and or management

Clinical Governance

Individually these are small value contracts with GP practices for what is a universal offer. Some practices that deliver the service are not rated as “good” by the CQC. Public Health has re-introduced professional clinical support for practices to ensure that the checks are undertaken by suitably trained people to national standards. Overall numbers achieved are monitored nationally.

6 Commissioned through a lead commissioner

6.1 Stop smoking support service (pan London commissioned)

Service Summary

- £8kspend
- A telephone and web-based advice and counselling service to support harm smoking harm reduction and cessation for residents of 30 London Boroughs.

Clinical Governance

This is a London wide commissioned service with a lead commissioner who is responsible for monitoring clinical governance on behalf of all London boroughs (including, for example, appropriate training and clinical competence). Other borough commissioners are not directly involved in the monitoring, but are informed of any issues. None have been notified.

6.2 HIV Prevention & Testing Services (pan London commissioned)

Service summary

- £35k spend
- Assessment, counselling, advice and support for health, health needs, health care and other essential services, both to individuals and communities, around HIV
- Community Outreach Prevention services, including the promotion of local London wide national campaigns.
- Provide training to social, health care professionals and other partnering agencies to develop awareness of the differing needs of the communities affected by HIV, sexual health issues and health generally

Clinical Governance

The London HIV prevention arrangements are being extended for a further two years. Commissioners have not indicated that there have been any clinical governance issues with the services. The national HIV testing programme is performing well.

7 Commissioned via a framework arrangement

For a framework arrangement the borough specifies the terms and conditions that will apply if there is subsequently a contract with the organisations who register on the framework (after assessment of their suitability). There is no commitment as to cost or volume, and if the borough wishes to buy a service, the organisations who have registered choose whether they provide it or not. Organisations who have not registered are not considered.

For the residential detoxification and rehabilitation service there were more provider organisations registered than placements purchased, and an organisations may have only a single placment. There is no reason to monitor quality in the organisations on the framework who do not provide the service. Additionally, the service is for single placements of individual patients and without repeated placements it is difficult to monitor quality.

7.1 Residential detoxification and rehabilitation (via framework)

Service Summary

- £100k spend
- Residential services for complex cases of addiction
- Detoxification, generally 2-3 weeks at approximately £3k per client
- Rehabilitation, generally 3 months at approximately £10k per client
- Multiple providers with one chosen that will suit the client from a framework arrangement

Clinical Governance

The specialist drugs and alcohol service provider nominates individuals who they consider will benefit from residential intervention. Applications are assessed by a joint panel with the specialist provider and the borough decides which cases should have a call on the limited budget available. If the panel agrees that an individual should be referred to a residential intervention, this is provided by an independent sector provider registered on the Havering framework agreement.

We are required to provide residential (Tier 4) services. An audit suggests a low success rate in achieving abstinence or harm reduction following rehabilitation (similar to the national picture), and in future the service will focus on detoxification.

Commissioners were not informed of any serious incident related to the 18 clients placed since the last clinical governance report. For the period covered by the report there were the CQC inspected and reported on these providers but did not rate them. Areas of outstanding practice and areas where there were room for improvement were identified. While these reports were not systematically referenced by commissioners, the London PHE-led commissioners network alerts commissioners to concerns about individual providers.

With effect from May 2018, the specialist drug and alcohol provider will be managing the budget and processes for residential interventions. This will allow more integrated pathways to be developed. Currently clients are placed around the country and the new arrangements will improve transition in and out of residential services. Commissioners will ensure that WDP takes into account CQC reports when placing clients.

8 Conclusion

Overall, there are robust governance arrangements in place across the services to identify and respond to quality issues.

There are two areas identified in the report. The Health Visiting service indicates that it has capacity issues that adversely affect their ability to offer the prescribed checks to all 0-4 year olds and have to prioritise their work. This may become a greater issue in the future as, unlike London and England, the population of 0-4 year olds is projected to increase in Havering. This will be addressed in the forthcoming re-procurement.

The other area identified was that in a framework arrangement for a low volume service it is difficult to monitor quality of multiple potential providers. The CQC reports of our framework providers of residential drugs and alcohol services were not subject to review. Responsibility and the budget for placements has now been handed to the provider who recommends them, and this should address this issue.