

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh Director of Public Health

To: Health Reform and Public Health Cabinet Committee
– 23 November 2022

Subject: **PUBLIC HEALTH ANNUAL QUALITY REPORT FOR 2021/2022**

Classification: Unrestricted

Past Pathway: None

Future Pathway: None

Summary: This report covers the year 2021 to 2022. It describes the characteristics that need to be in place for high quality public health services, the systems that are in place in Kent, it notes the learning from incidents and complaints and subsequent developments of services.

The key finding of the report is that there are systems and processes in place to promote safe effective services that provide a positive user experience. There are recommendations how to improve quality processes and integrate quality processes with the wider health and social care organisations of Kent and beyond.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

- 1.1 This Public Health Quality Annual Report 2021-2022 provides an overview of the quality and governance processes and controls that are in place to deliver quality assurance of commissioned services.
- 1.2 The publication “Quality in Public Health: A Shared Responsibility 2019” produced by Public Health Systems Group for England states that certain characteristics need to be in place for high quality public health services. Figure 1 below shows how the key characteristics of high quality are central to well led and sustainable public health services.

Figure 1 Characteristics of High Quality Public Health Services



Soucre: Quality in Public Health a shared responsibility 2019

- 1.3 For users, services need three characteristics to be safe, effective and provide a positive experience. This means to deliver high quality services, commissioners and providers need to ensure that services have the following characteristics:
- Equity of access and usage: Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy, and maternity or marital or civil partnership status
 - Well-led: Promoting a culture that is open, transparent, and committed to learning and improvement
 - Resourced sustainably: Resources are used responsibly, providing fair access.
- 1.4 Kent County Council (KCC) commissions public health services from NHS trusts, private providers and voluntary services. The same quality standards apply to all.
- 1.5 The main body of this report details what systems are in place to ensure that the above stated characteristics are in place during 2021-2022. It notes the learning from incidents and complaints and subsequent developments of services.
- 1.6 It should be noted that during the COVID-19 Pandemic staff from both KCC, the public health division and the provider services were diverted to delivery of pandemic services and maintenance of essential public health services. This means that a public health quality report was not produced for the year 2020 -

2021. It also meant that in that year and the early part of 2021-2022 certain aspects of the quality system were reduced or adapted. For example there was extensive work with the care sector during 2021/22 to support the system during the different stages of the COVID-19 pandemic. In the later part of 2021-2022 all parts of the quality system have been reinstated and business as usual has resumed.

2. Background

2.1 Ensuring quality of Public Health services is interwoven into the complete cycle of public health from needs assessment to delivery of services. Public Health consultants and specialists continue to have an involvement throughout the commissioning cycle. The processes, as set out below, describe what is in place to ensure quality services that are safe, effective and provide a positive user experience.

2.2 What is in place to promote quality of services?

2.2.1 Public Health services are commissioned in response to the findings of the statutory Joint Strategic Needs Assessment (JSNA) and additional specialist needs assessments. The quality of the JSNA is monitored by qualitative feedback from KCC partners, in particular NHS services.

2.2.2 Public Health consultants and specialists identify services required and work with the commissioners to write a specification for the required service. The specification includes required elements that ensure the quality of services, e.g., safeguarding requirements, qualifications of staff, compliance with national standards and guidance, submission of monitoring data.

2.2.3 Public Health commissioning has processes in place that facilitate the commissioning of services that are safe, effective and provide a positive experience for users. The procurement of every service follows the KCC policy 'Spending the Council's Money' which complies with current procurement legislation (Public Contracts Regulations 2015). Public Health commissioners also utilise KCC's commissioning standards templates which are formed from the government commercial college templates along with other information that promotes engagement of high-quality providers.

2.2.4 Public Health commissioners when drawing up a contract with a service ensure that as minimum that the service has the following and are in place:

- Safeguarding Children Policy (to include Child Sexual Exploitation, Criminal Exploitation of Children, Missing Persons, Radicalisation)
- Safeguarding Adults Policy (dependant on commissioned service)
- Equalities and Diversity Policy
- Health and Safety Policy
- Whistleblowing Policy
- Supervision and Performance Management Policy
- Governance/Clinical Governance
- Information Governance/Data Management
- Complaints (and complements)
- Incidents/Serious Incidents

2.2.5 The commissioners check each policy against a comprehensive set of criteria which ensure each of the policies are in date, regularly reviewed, follow the relevant guidance and standards, there are service leads, and that compliance is monitored.

2.2.6 During mobilisation of a newly commissioned service Public Health commissioners check that procedures stated in policies are in place.

2.3 What assurance is in place that quality services are being provided?

2.3.1 In the life of the contract each service has a named contract manager, who works closely with the service providers to monitor and facilitate delivery of quality services. Formal contract meetings take place throughout the contract, in which monitoring of the above policies and Key Performance Indicators (KPI) occurs. Incidents and difficulties are also discussed, and ways forward are agreed. This is evidenced in minutes of meetings and associated action plans.

2.3.2 In addition, there are governance meetings in place in which service user representatives, commissioners, Public Health consultants and specialists review processes and data to ensure quality. An example of a governance meeting is the drug and alcohol services prescribing governance meeting.

2.3.4 Consultants and or specialists also attend provider quality and safety meetings e.g. those of substance misuse providers.

2.3.5 Service provider contracts include the requirement to obtain service users' views and experiences of the service and to show how these are used to improve the provision of services. The contracts also include the requirement to audit specific activities at set frequencies. The results of both provider user surveys and audits are shared with Public Health and discussed at governance or contract meetings as appropriate.

2.3.6 Linked to the provision of quality and safety of services is work lead by others that Public Health staff contribute to e.g., child and adult safeguarding, child death overview panels, domestic homicide reviews, suicide prevention real time surveillance and Controlled Drug Local Intelligence Network.

3. **What is in place to learn, improve and develop services?**

3.1 Incidents

3.1.1 Serious incidents – Serious Incidents are an opportunity to learn, improve and develop services. Public Health has in place a system for reporting of serious incidents, reviewing, learning, and applying learning. This process, including the reporting facilities, was reviewed and improved in 2020. The process clearly defines the responsibilities of the public health consultants, contract managers, providers and commissioning and commercial assistants together with timelines for each step. The serious incident process links with the death in service process.

3.1.2 Public Health leads and chairs a serious incident learning panel renamed recently as the Kent Drug and Alcohol Death Partnership to reflect the multiagency membership of the group. Case studies of reported deaths are brought to the group and discussed openly resulting in suggestions of how improvements can be made.

3.2 Complaints, Compliments and Comments

3.2.1 Any complaints, compliments and comments about Public Health services received are dealt with by either the programme lead or commissioner who will liaise directly with the service it relates to. These are discussed at the relevant meetings; lessons are learnt, with any agreed actions implemented to improve services.

3.2.2 The table below details the number complaints, compliments and comments received during 2021/22

Case type	Total
Complaints: <ul style="list-style-type: none">• 53 x Assisted Testing Sites and other COVID-19 related matters• 2 x Sexual Health Services• 1 x Health Visiting Service	56
Comments	6
Compliments	18
Total Cases	80

3.3.3 Out of the total number complaints, eight were escalated and resolved at Stage 2 after further investigation.

3.3 Horizon scanning

3.3.1 Horizon scanning is an important part of maintaining safe and effective services. Public Health staff scan and read research publications, national guidance, finding from incidents in other areas etc. This ensures that services utilise best evidenced practice thus providing safe and effective services.

3.4 Networking

3.4.1 Networking is an important part of maintaining quality services and improving services in Kent by sharing others and our learning. KCC's Public Health division is an active member of many regional and national networks.

4. **Recommendations for improvement**

4.1 Public Health has many processes in place to ensure the quality of services but are not complacent. These processes could be improved by:

- Undertaking targeted audits of services,
- Conducting services user surveys or listening groups.
- Producing a clear map of all that is in place for all members of the public health team

- Strengthening the links with other local quality and serious incident groups to develop a system wide learning.
- Review and improve the complaints and compliments processes
- Strength the serious incident process to ensure a timely and holistic analysis of received reports.

5. Conclusions

- 5.1 The processes in place are working to ensure that the characteristics of high-quality Public Health services are delivered.
- 5.2 KCC's Public Health division is aware of improvements to quality processes that can be made and will work over the coming year to make these changes.
- 5.3 The changes to the Health and Care Act 2022, which have facilitated greater partnership working with the wider health and social care structure, provide opportunities for further development of joint quality processes.

6. Recommendations

<p>6.1 Recommendation(s) The Health Reform and Public Health Cabinet Committee is asked to CONSIDER and COMMENT the content of this report.</p>
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7. Background Documents

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

8. Contact details

Report Author	Relevant Director
Sarah Leaver Pharmacist Public Health 03000 417879 sarah.leaver@kent.gov.uk	Dr Anjan Ghosh Director of Public Health 03000 412633 anjan.ghosh@kent.gov.uk