

**From:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee – 7 November 2023

**Subject:** **PUBLIC HEALTH ANNUAL QUALITY REPORT FOR 2022/2023**

**Classification:** Unrestricted

**Past Pathway of Paper:** None

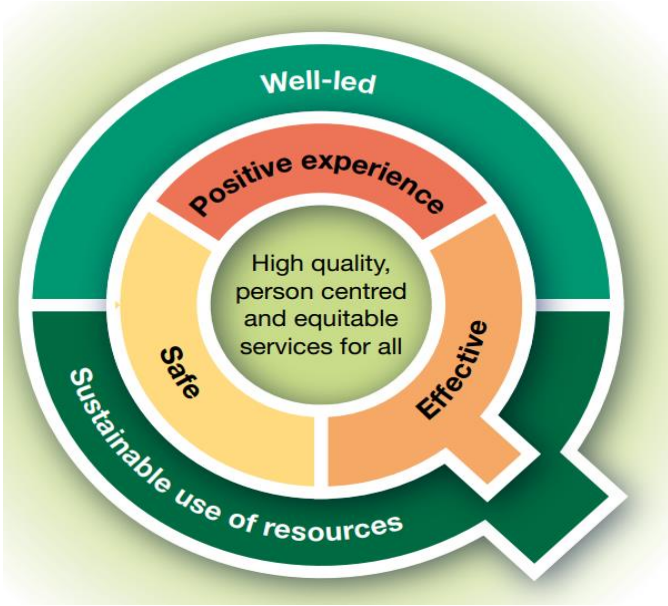
**Future Pathway of Paper:** None

**Summary:** This report covers the year 2022 to 2023 It provides an update on the actions public health has taken since the recommendations made in the 2021/2022 report to maintain the promotion of high quality, safe effective services which provide a positive experience for people who use our services.

**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 2022-2023 provides an update of the quality and governance processes and controls that are in place to deliver quality assurance of commissioned services.



Source: Quality in Public Health a shared responsibility 2019

## 2. Background

2.1 The quality of Public Health Services is considered at all steps of the commissioning cycle from needs assessment to delivery of services. Commissioners, as well as public health consultants and specialists are involved throughout the commissioning cycle. The processes, as set out below, describe what is in place to ensure services are safe, effective and provide a positive experience for people who use our services.

2.1.1 A review of Quality Processes in public health was undertaken in May 2023 that resulted in a list of 13 recommendations.

2.1.2 The Public Health Service Transformation Programme started in the summer of 2023 and includes a detailed review of individual services including quality indicators and processes.

### 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 Kent County Council (KCC) partners, in particular NHS services.

2.2.2 Public health consultants and specialists identify services required and work with commissioners to write a specification for the required service. The specification includes required elements which 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 which facilitate the commissioning of services that are safe, effective and provide a positive experience for people who use our services. 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, which promotes engagement of high-quality providers.

2.2.4 Public health commissioners ensure that a contract with a service has, as a minimum, the following 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 people with lived experience, 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 the views and experiences of people who use these services 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 intervals. The results of these surveys and audits are shared 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 the 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 provide an opportunity to learn, improve and develop services. Public Health has a system in place for reporting 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.

#### 4. Complaints, Compliments and Comments

- 4.1. 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.
- 4.2 The table below details the number complaints, compliments and comments received during 2022/2023

Case type	Total
Complaints: <ul style="list-style-type: none"><li>• 1 X Burning smell in Kings hill,</li><li>• 1 X person feeding seagulls (bird flu))</li></ul>	2
Comments <ul style="list-style-type: none"><li>• 1 x comment regarding bird flu.</li><li>• 1 x not for KCC (NHS service)</li></ul>	2
Member enquiries <ul style="list-style-type: none"><li>• 1 x comments on Start for Life services,</li><li>• 1 x request to prevent closure of public toilets in an area</li><li>• 1 x Enquiry regarding Health Visiting services</li></ul>	3
Compliments <ul style="list-style-type: none"><li>• 1 x Service Provider – thank you for commissioning team’s support throughout the year</li></ul>	1
<b>Total Cases</b>	<b>8</b>

4.3 None of the complaints received required escalation.

#### 4.4 Horizon scanning

4.4.1 Horizon scanning is an important part of maintaining safe and effective services. Public Health staff remain vigilant in scanning and reading 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.

#### 4.5 Networking

4.5.1 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 remain an active member of many regional and national networks.

#### 5. Recommendations for improvement

5.1 Public health has many processes in place to ensure the quality of services but are not complacent. The 2023 quality processes review identified several areas for improvement:

- Re-establishing a Public Health Quality Committee
  - The Quality Committee's inaugural meeting took place in September 2023 and will meet quarterly going forward.
  - Membership consists of commissioners and Public Health Consultants
  - Initial aim of the committee is to address the gaps identified in the quality processes review.
- Improving assurance processes for the JSNA
- Undertaking targeted audits of services.
- Improve processes to assess equity of access, uptake, and outcomes.
  - This is being discussed as part of the Public Health Transformation Programme
- Implementing a Professional Development policy for public health
  - A draft Professional Development Policy is in place.
- Strengthening the links with other local quality and serious incident groups to develop system.
- wide learning.
  - The Kent and Medway Integrated Care System Quality Group is being used to share learning.
- Review and improve the complaints and compliments processes.
- Strengthen the serious incident process to ensure a timely and holistic analysis of received reports.

## 6. Conclusions

6.1 Processes are in place to ensure that the characteristics of high-quality Public Health Services are met.

6.2 A review of quality processes in public health in 2023 led to the re-establishment of a Public Health Quality Committee to oversee the implementation of steps to address gaps in existing processes.

6.3 The 2023 Public Health Service Transformation Programme includes a detailed review of services and their quality indicators and processes.

6.4 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.

## 7. Recommendations

7.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** the content of this report.

## **8. Background Documents**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/809305/Quality\\_in\\_public\\_health\\_shared\\_responsibility\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf)

## **9. Report Authors**

Dr Ellen Schwartz  
Deputy Director of Public Health  
[Ellen.schwartz@kent.gov.uk](mailto:Ellen.schwartz@kent.gov.uk)

Pam McConnell  
Business Support Officer  
[Pam.mcconnell@kent.gov.uk](mailto:Pam.mcconnell@kent.gov.uk)

### **Relevant Director**

Dr Anjan Ghosh  
Director of Public Health  
03000 412633  
[anjan.ghosh@kent.gov.uk](mailto:anjan.ghosh@kent.gov.uk)