

Agenda Item:

Joint Public Health Board

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Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	8 May 2014
Officer	Director of Public Health
Subject of Report	Update on 2014/15 Commissioning Intentions for Public Health
Executive Summary	This paper updates the board with progress on the commissioning intentions agreed for 2014/15. Good progress has been made in many areas, including transfer of existing contracts from NHS to Local Authority, and commissioning a new healthy weight service for adults in Dorset, Bournemouth and Poole.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: None required as this is not a new policy or service – update only.
	Use of Evidence: This report has been compiled using a mixture of officer's assessments of progress against project plans, and direct evaluations of success of new contracts gained through measuring take up of the services by providers in 14/15 compared with the previous year.
	Budget: The paper does not directly deal with budget implications, although commissioning intentions are forecast to be developed well within the 14/15 budget for public health. The paper notes instances where new contracts should deliver efficiencies e.g. approximately

	<p>£50,000 for NHS Health Checks.</p>
	<p>Risk Assessment:</p> <p>The paper covers progress against a number of different commissioning intentions over a range of programmes, each of which has slightly different risks. The officer's opinion is that none of the risks are classified as high. There is a risk associated with procurement timescales for one of the larger commissioning intentions, and the paper sets out actions taken so far to mitigate that risk. The main action to mitigate this risk has been the re-allocation of staff roles and responsibilities to provide more time to deliver the commissioning programme.</p>
	<p>Other Implications:</p> <p>Public health – the report highlights progress against a number of proposed changes to the commissioning of public health services and programmes for Dorset, Bournemouth and Poole. If successful, the changes should lead to greater efficiency, effectiveness and equity of public health services, with improved health outcomes for some key population groups.</p>
Recommendation	Board members are asked to note and comment upon the progress made with the commissioning intentions for public health in 2014/15.
Reason for Recommendation	For noting progress only.
Appendices	Appendix A – Summary of progress against commissioning intentions
Background Papers	None.
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Update on 2014/15 commissioning intentions for public health

1. Purpose

- 1.1 This paper provides an update on the main developments to public health programmes agreed by the Board at the January 2014 meeting. It provides board members with assurance against progress in carrying out the commissioning work, and highlights achievements and any risks as the planning for delivery in 2014/15 is further developed.

2. Background

- 2.2 At January's Board meeting it was agreed to implement the following developments to mandatory/ core programmes in 2014/15:

Health Checks

- Single contract and price for 2014/15
- Outreach service for seldom heard groups and areas of high need
- Communications and marketing in selected geographical areas

Tobacco Control

- Re-commission maternity services relating to smoking in pregnancy.
- Establish Tobacco Control Alliance and strategy.
- Commission more unified approach to smoking cessation

Drugs & Alcohol

- Ensuring robust contracts with pharmacies and GPs
- Review & re-procure inpatient detoxification services
- Address inequities in provision including supervised consumption in pharmacies, primary care shared care; access to testing for blood borne viruses.

Weight & Physical Activity

- Re-commission Healthy Choices hub to address need in Bournemouth and Poole
- Extend Active Choices to Bournemouth and Poole

Sexual Health

- Develop contract variations for each provider to ensure robust and timely data collection in LES contracts
- To renegotiate the Chlamydia provision according to outcomes.

Children and Young People - potential developments

- Review of school nursing contract & 0-5 offer with partners

Integrated Lifestyles Service – with Transforming Health & Social Care

- Single point of access for all enquiries and referrals
- Clear lifestyle offer for all residents
- Develop consumer insight

3. Summary of current position

- 3.1 All programme leads were asked to provide an update on progress against commissioning intentions for 2014/15 as agreed by the Joint Public Health Board in January 2014. The table in Appendix A summarises this progress and, where appropriate, highlights specific outputs and milestones for the upcoming year.
- 3.2 There has been good progress made in several of the programmes, notably commissioning a weight management service for Bournemouth and Poole, and ensuring the mandatory NHS Health Checks programme operates with a single consistent contract and price.
- 3.3 Good progress has been made on transferring inherited NHS contracts into new local authority contracts, particularly in the area of drugs and alcohol, and other public health services including NHS Health Checks.
- 3.4 In the sexual health programme, good progress has again been made in issuing new local authority contracts for services, e.g. emergency contraception, which has seen an increase in the number of providers signing up to provide them.
- 3.5 There remain some key risks to timescales with one of the more complex programmes – commissioning an integrated lifestyles service. The original timescale may not have left enough time for all due processes, so public health is meeting the DCC procurement team to put new timelines around the commissioning work to ensure we meet the projected go live deadline of April 2015 for the new service.
- 3.6 Internally public health has refocused the work of some team members so that there are now more appropriate levels of resource allocated to programmes, to mitigate risks in delivery.

4. Recommendations

- 4.1 Members of the Joint Public Health Board are asked to note the progress against key milestones for the major developments in public health programmes for 2014/15.

Appendix A: summary of progress against commissioning intentions

Programme / activity	Key milestones	Progress to date	What difference will it make?
NHS HEALTHCHECKS PROGRAMME			
Single contract and price for 14/15	April 2014 – new contract issued with single price	<ul style="list-style-type: none"> 78 practices and 85 pharmacies have signed the new contract as of mid-April (89 per cent of all GP and pharmacy providers) 	<ul style="list-style-type: none"> There have been small changes in numbers of providers signing up to the new terms. If providers deliver their targets under the new contract values then there is a potential saving compared with 2013/14.
Outreach service for seldom heard groups and areas of high need	Prepare for tender under new framework being developed by DCC procurement – September 2014	<ul style="list-style-type: none"> Specification developed, need to make progress with supplier events to make September milestone 	<ul style="list-style-type: none"> Framework will offer transparent way of bringing new suppliers into the market to deliver checks in new ways and in different settings. Will be a key part of improving uptake in deprived areas.
Communications and marketing in selected geographical areas	Communications plan with clear costed activity in priority areas	<ul style="list-style-type: none"> Targeted advertising with selected partners aiming to engage key demographics is well underway. Campaigns underway with AFC Bournemouth, Weymouth and Dorchester Town Football clubs, Poole Speedway. 	<ul style="list-style-type: none"> Awaiting evaluation and feedback on campaign recognition. Should translate into more requests for checks direct to GP and pharmacies in the target areas.

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TOBACCO CONTROL			
Re-commission maternity services relating to smoking in pregnancy	<p>April 2014: Agree new integrated model of smoking cessation to be delivered by midwifery teams.</p> <p>May – June 2014: Agree service specification, recruit specialist midwives</p> <p>July 2014: Implement training across the 3 maternity teams and commence new service across</p>	<ul style="list-style-type: none"> • Commissioning intentions and pathway agreed with the CCG and NHS Providers. • Specifications with current providers have been re-written as part of the service redesign. 	<ul style="list-style-type: none"> • Pathway will offer more accessible smoking cessation support for women that smoke during pregnancy. • The aim is to significantly improve the outcome – reducing the number of women smoking at the time of delivery.
Establish Tobacco Control Alliance and strategy	<p>February 2014: Launch the new Tobacco Control Alliance (TCA).</p> <p>May 2014: Agree terms of reference at the first TCA Board meeting and agree annual work programme.</p>	<ul style="list-style-type: none"> • Launch event took place on 12th February with 40 stakeholders attending a seminar. • First Board meeting on 1st May – to agree TORs and work programme. 	<ul style="list-style-type: none"> • The aim is to co-ordinate actions across Bournemouth, Dorset and Poole to reduce smoking prevalence at the overall population level, whilst prioritising those most at risk of harm.
Commission more unified approach to smoking cessation	<p>April 2014: New contracts issued with a single price for all primary care providers and the incorporation of 12-week monitoring.</p>	<ul style="list-style-type: none"> • New contracts issued for GP practice and pharmacy providers. • New specification agreed with Dorset Healthcare University Foundation Trust. 	<ul style="list-style-type: none"> • Improve the efficiency and effectiveness of smoking cessation services, with more of a focus on cessation in the longer term.

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DRUGS & ALCOHOL			
Ensuring robust contracts with pharmacies and GPs	April 2014: New contract issued with single price for pharmacies, and updated service spec for GPs.		
Review & re-procure inpatient detoxification services		<ul style="list-style-type: none"> • Business case to Joint Public Health Board in May 2014. 	<ul style="list-style-type: none"> • This will improve both efficiency and equity of the existing service. • It will allow us to establish the level of need and provide the resource to invest to improve community detoxification capacity.
Address inequities in provision including supervised consumption in pharmacies, primary care shared care; access to testing for blood borne viruses	April 2014: New contract issued with single price for pharmacies, and updated service spec for GPs.	<ul style="list-style-type: none"> • Review of shared care arrangements in progress, to inform commissioning for 2015/16. • Review completed, and awaiting business case to implement dried blood spot testing in Poole. 	<ul style="list-style-type: none"> • Should translate into reduced harm to service users from their drug misuse.

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WEIGHT & PHYSICAL ACTIVITY			
Re-commission Healthy Choices hub to address need in Bournemouth and Poole	April 2014: New contract issued for one year to cover additional activity in Bournemouth and Poole	Contract signed by both parties.	<ul style="list-style-type: none"> Hub will handle an additional 2,200 referrals of adults seeking help with their weight in Bournemouth and Poole for the first time.
Extend Healthy Choices to Bournemouth and Poole	April 2014: Successful tender for weight management providers to supply services in Bournemouth and Poole.	Contracts awarded and implementation underway, supported by marketing campaign to raise awareness of new pathways.	<ul style="list-style-type: none"> Based on experience of the service in Dorset, we would expect 62% of adults to have lost a minimum 5% body weight by week 12 of the new programme.
SEXUAL HEALTH			
Develop contract variations for each provider to ensure robust and timely data collection in LES contracts	<p>Price scoping and review to assess cost effectiveness and contract value with equity across Dorset complete</p> <p>April 2014: new DCC contract issued with single price</p>	<ul style="list-style-type: none"> All the LES contracts have been updated with costs and outcome audit measures. There has been an increase in sign up from 13/14. 	<ul style="list-style-type: none"> The new contract offers equity and value for money across Dorset as some prices were higher than others both in Dorset and nationally.
To renegotiate the Chlamydia provision according to outcomes	<ul style="list-style-type: none"> Needs assessment undertaken Chlamydia review complete Updated targeted model agreed 	<ul style="list-style-type: none"> The needs assessment based on positivity rates has been completed Model designed and agreed Contracts have been updated and redesigned. 	<ul style="list-style-type: none"> The new contract offers a targeted approach based on areas of higher positivity. The service is also being incorporated into general sexual health testing as part of a more integrated approach.

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CHILDREN & YOUNG PEOPLE			
Review of school nursing contract & 0-5 offer with partners	Review 14/15	Internal background work underway.	Opportunity for development of efficient, equitable services to be developed pan Dorset with an integrated approach to commissioning, funding and outcomes
INTEGRATED LIFESTYLE SERVICE			
Single point of access for all enquiries and referrals	<p>Summer 2014: Supplier events to shape specification and model for Dorset.</p> <p>Autumn 2014: Start tender process</p> <p>April 2015: Go live with new single point of access</p>	<ul style="list-style-type: none"> • Soft market testing of model and potential providers underway • Communications and engagement plan to be taken to June Health and Wellbeing Board for approval • Specification for new service in development. 	<ul style="list-style-type: none"> • Improve signposting and referral for adult health improvement services • Better engagement of primary care following NHS Health Check • Greater efficiency if all referrals handled in a single place rather than several different call centres • Better chance of tracking outcomes at 6 months and 1 year, not just when intervention ends
Clear lifestyle offer for all residents	<p>April 2014: Improve marketing of existing pathways following NHS health check</p> <p>Summer 2014: Review effectiveness of key services especially smoking</p>	<ul style="list-style-type: none"> • Communication and marketing materials for existing pathways being improved and sent to all GPs and pharmacists. • Smoking model to be reviewed when first two quarters 2014 data is back 	<ul style="list-style-type: none"> • Improve take up of health improvement services by public • Better integration between NHS Health Check and support for those at higher risk • More people supported to make changes that improve their

Appendix A: summary of progress against commissioning intentions

	August: New specification for integrated health improvement service, plus specification for website		health
Develop consumer insight	<p>January 2014: Review existing local research on health improvement</p> <p>Spring 2014: Write communications and engagement plan</p> <p>Summer 2014: Use results in preparing new service specification</p>	<ul style="list-style-type: none"> • Local research summary complete • Communication and engagement plan developed • Awaiting results of first exercises so that specification is based on best evidence 	<ul style="list-style-type: none"> • Ensure new service that is commissioned is accessible to different groups across Dorset