Public Health Dorset

Agenda Item:

10

Joint Public Health Board

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

Date of Meeting	6 November 2014
Officer	Director of Public Health
Subject of Report	**Commissioning Development Update**
Executive Summary	This paper provides an update on specific commissioning developments since the Joint Public Health Board in July, highlighting areas of continued focus, picking up on emerging issues and making specific proposals for future action. The paper covers five main areas: 1. Current performance on Health Checks, and proposals for improvement 2. The transfer of commissioning responsibility for public health services to children aged 0-5 3. An update on the Health Improvement Hub 4. An update on health protection 5. A specific proposal around the future of alcohol brief interventions.
Impact Assessment:	Equalities Impact Assessment: 1. Health Checks is a universal service, but we recognise that particular groups within the population are less likely to take up the offer of a Health Check. The proposals set out in this paper will help to ensure a more targeted focus in areas or groups where uptake is low. 2. An equalities impact assessment for the children aged 0-5 transfer is not required at this stage, as the initial phase will see the transfer of commissioning responsibility only, and there will be no modification to current services. 3. A full equalities impact assessment has been carried out in respect of the new health improvement hub. The report summarises the consultation and engagement around access to the hub which took place and included specific consideration of potential impacts in terms of equality and diversity.

	4. There are no equality or diversity implications arising from the health protection briefing. 5. The current service is not equitable across Bournemouth, Poole and Dorset. The proposals will ensure a more equitable service, in the context of the new health improvement hub, which has already h ad a full equalities impact assessment.
	Use of Evidence: The Commissioning Development Update makes use of: • Internal performance monitoring information • Evidence base for what works and best practice guidance • Information derived from public consultation and provider engagement events. • Service review
	Budget: 1. Contracts for Health Checks are based on a cost and volume arrangement. Budgets and forecast currently include provision for invitations to 20% of the eligible population and delivery to 50% of those invited. These recommendations are therefore likely to be within budget, and will be monitored closely. If activity increases above target this can be addressed through further changes to practice targets as needed. 2. The estimated contract value for health visiting for Bournemouth, Poole and Dorset is £10million, although local authority split remains unclear at present. Funds will be transferred in year in 15/16 and included in the public health grant from 16/17 onwards, and these should be published as part of the December 2014 local government funding settlements. 3. Budget implications of the Health Improvement Hub were covered in detail at July Joint Public Health Board. Essentially commissioning of the hub will be funded initially from shifts from current service provision models. By year 3 we may require decisions about increasing revenue as the Hub develops as a provider. 4. The paper highlights the use of £700k from the 13/14 public health savings. There are no additional budgetary implications arising from the health protection briefing. 5. The paper proposes a shift of £182k from one contract to another, to improve effectiveness, efficiency and equity. There will be no increase in costs overall.

	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: **LOW** Residual Risk: **LOW**
Recommendations	It is recommended that the Joint Public Health Board: **Recommendation 1 (Health Checks):** (i) **Note** current performance on health checks as set out in Appendix 1. (ii) **Approve** the following actions for 2015/16: a. Ensure that in 2015/16 the targets for practices in Dorset are doubled to generate the additional invitations and health checks required in order to catch up with the 5-year trajectory. b. Publish practice-level data and work with GP providers, exploring ways in which the call/recall system could be operated more efficiently and effectively. c. Where practices are completely disengaged or undertaking very little activity, Public Health Dorset seeks to commission alternative provision for their eligible patients d. Commission opportunistic and outreach health checks in communities considered a priority and in areas (mainly in Dorset) that are under-performing with invites and health checks. e. Change the wording and emphasis of marketing output to encourage people to actively seek a health check. Remove the limits placed on providers to undertake opportunistic health checks. **Recommendation 2 (0-5 Healthy Child Programme):** (i) **Note** timelines and progress to date as set out in Appendix 2. (ii) **Approve** that that the Health Visitor public health budgets of the three Local authorities are pooled; (iii) **Approve** that commissioning responsibility for the 0-5 Health y Child Programme sits with Public Health Dorset. **Recommendation 3 (health Improvement Hub):** **Note** the further progress as set out in Appendix 3.

	Recommendation 4 (Health Protection): **Note** the work of the Health Protection programme as set out in Appendix 4 **Recommendation 5 (alcohol Brief Interventions):** (i) **Approve** the decision not to renew the existing alcohol brief interventions service. (ii) **Approve** reinvestment of the monies released from the existing brief interventions service into delivery of an improved service within the Dorset Health Hub.
Reason for Recommendations	To enable further development on key and emerging areas within public health and provide assurance on progress to date.
Appendices	Appendix 1: Health Checks Performance Update and Commissioning Development plans Appendix 2: Transfer of Children's 0-5 years Public Health Commissioning to Local Authorities Appendix 3: Health Improvement commissioning update Appendix 4: Health Protection Update Appendix 5: Reinvesting Alcohol Brief Interventions funding into the Dorset Health Hub
Report Originator and Contact	Name: Dr Jane Horne, Consultant in Public Health Tel: 01305 225872 Email: j.horne@dorsetcc.gov.uk Name: Chris Ricketts, Head of Programmes Tel: 01305 225863 Email: c.ricketts@dorsetcc.gov.uk Name: Vicky Fearne, Consultant in Public Health Tel: 01305 225892 Email: v.fearne@dorsetcc.gov.uk Name: Sam Crowe, Assistant Director of Public Health Tel: 01202 451828 Email: s.crowe@dorsetcc.gov.uk Name: Rachel Partridge, Assistant Director of Public Health Tel: 01305 225881 Email: r.partridge@dorsetcc.gov.uk Name: Stuart Burley, Head of Programmes Tel: 01305 224883 Email: s.burley@dorsetcc.gov.uk

1. Background

1.1 This paper provides an update on specific commissioning developments since the Joint Public Health Board in July, highlighting areas of continued focus, picking up on emerging issues and making specific proposals for future action.

1.2 The paper covers five main areas:

- Current performance on Health Checks, and proposals for improvement
- The transfer of commissioning responsibility for public health services to children aged 0-5
- An update on the Health Improvement Hub
- An update on the health protection
- A specific proposal around the future of alcohol brief interventions.

2. Health Checks

2.1 Since the start of the mandated Health Check programme in April 2013, there has generally been positive progress in implementing health checks across Bournemouth, Poole and Dorset. Detailed performance is set out in appendix 1.

2.2 The detailed analysis in appendix 1 highlights significant variation in performance between providers, and inadequate provision in some areas, with Dorset practices in general performing less well than those in Bournemouth and Poole. As national ambitions remain high for his programme the appendix sets out the rationale for actions to improve performance.

Recommendation 1:

The Joint Public Health Board is asked to

(i) note current performance on health checks as set out in Appendix 1.

(ii) approve the following actions for 2015/16:

a. Ensure that in 2015/16 the targets for practices in Dorset is doubled to generate the additional invitations and health checks required in order to catch up with the 5-year trajectory.

b. Publish practice-level data and work with GP providers, exploring ways in which the call/recall system could be operated more efficiently and effectively.

c. Where practices are completely disengaged or undertaking very little activity, Public Health Dorset seeks to commission alternative provision for their eligible patients

d. Commission opportunistic and outreach health checks in communities considered a priority and in areas (mainly in

Dorset) that are under-performing with invites and health checks.

e. Change the wording and emphasis of marketing output to encourage people to actively seek a health check. Remove the limits placed on providers to undertake opportunistic health checks.

3. Transfer of public health commissioning for 0-5 year olds

3.1 Commissioning responsibility for health visiting services will transfer to local authorities on 1 October 2015. The exact scope of the transfer is still subject to parliamentary approval, however national timelines have been published and a local transition steering group has been set up, meeting for the first time in September. Further detail is set out in appendix 2.

3.2 Uncertainty around the split by local authority locally, the requirement for a safe transition and the already established and tested arrangements across Bournemouth, Dorset and Poole for public health have led to a recommendation that this should sit with Public Health Dorset.

Recommendation 2:

The Joint Public Health Board is asked to

(i) note timelines and progress to date as set out in Appendix 2.

(ii) approve that that the Health Visitor public health budgets of the three Local authorities are pooled;

(iii) approve that commissioning responsibility for the 0-5 Health y Child Programme sits with Public Health Dorset.

4. Health Improvement Commissioning Update.

4.1 Following the decisions of the Joint Public Health Board meeting in July to support a commissioning and procurement of a new model for health improvement services, significant work has taken place. Appendix 3 provides an update on this work and the themes emerging from engagement, consultation and the supplier events.

Recommendation 3:

The Joint Public Health Board is asked to note the further progress as set out in Appendix 3

4. Health Protection Update.

4.1 Health protection is one of the five 'mandatory' public health programmes, where Public Health Dorset works collaboratively with a range of partners on a number of developing areas. At the July Joint Public Health Board an update on this area of work was requested. Appendix 4 sets out detail on the our work within this programme, covering:

- Local Health Resilience Network
- Dorset Health protection Network

- Public Health Stocktake
- Homes
- Screening and Immunisations
- Community Safety and violence
- Licensing and night time economy
- Road safety
- Research into Climate Change

Recommendation 4:

The Joint Public Health Board is asked to note the work of the Health Protection programme as set out in Appendix 4

5. Reinvesting Alcohol Brief Interventions funding into the Dorset Health Hub.

5.1 An alcohol brief intervention service is currently commissioned, contracted and funded by Public Health Dorset. The contract is due to terminate 31st March 2015. Following an assessment of existing provision Public Health Dorset recommends that these monies are reinvested in the new Dorset Health Hub, to be commissioned and operational from 1st April 2015. More detail of this assessment is set out in appendix 5.

Recommendation 5:

The Joint Public Health Board is asked to

(iii) approve the decision not to renew the existing alcohol brief interventions service.

(iv) approve reinvestment of the monies released from the existing brief interventions service into delivery of an improved service within the Dorset Health Hub.

Health Check Performance Update and Commissioning Development Plans

1. Introduction

1.1 This report presents performance data relating to the Health Check programme across Bournemouth, Dorset and Poole. Commissioning developments are proposed in response to specific performance risks. Members of the Joint Public Health Board are asked to consider the proposals set out and approve the commissioning developments for 2015/16.

2. Performance

2.1 Public Health England (PHE) recently published cumulative performance data on health checks by local authority in England. The programme seeks to assess the risk of cardio-vascular disease of all those aged 40 – 74 years who have not already been placed on existing disease registers (referred to as the 'eligible population'). Everyone in the eligible population should be given the opportunity of a health check once every 5 years.

2.2 An extract of the local authority performance data is shown in Table 1 below. Whilst performance across Bournemouth and Poole is broadly comparable with the national average, the number of health check appointments offered in Dorset is below expectations at this point in the first 5 years of the programme.

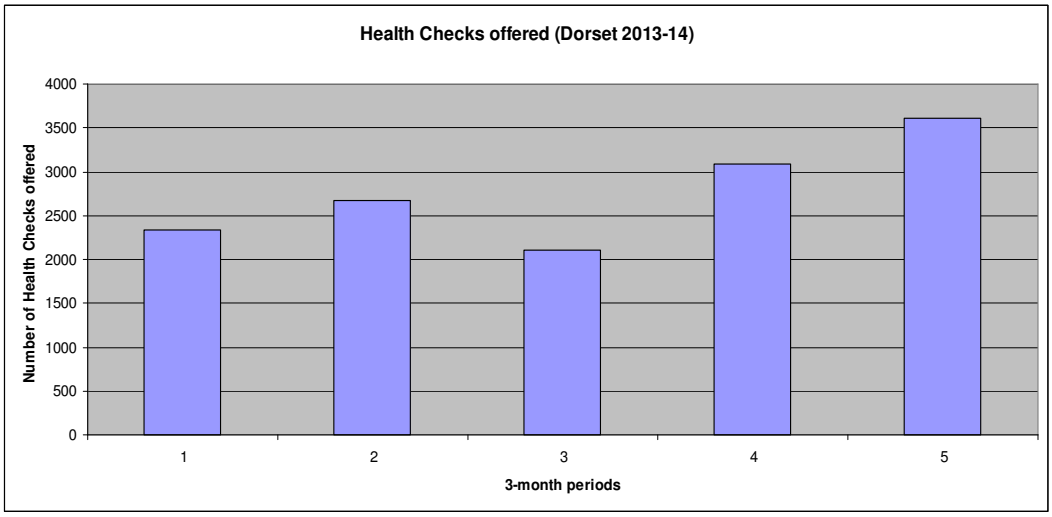
Table 1: Extract of PHE performance table (3 Sept, 2014)

LA	Total eligible population 2013-2018	Appointments offered between Q1 2013/14 and Q1 2014/15	Appointments taken up between Q1 2013/14 and Q1 2014/15
Bournemouth	51,513	23.9%	41.3%
Poole	56,090	22.5%	51.7%
Dorset	126,991	11.1%	49.2%
National	15,449,660	23.1%	48.0%

2.3 Broadly speaking Bournemouth and Poole practices are on course with the number of appointments being offered over the first 15 months of the five year period. There seems to be no merit in 'getting ahead', i.e. doing more checks in the early years of the programme, in fact there would be risks associated with the sustainability of local programmes if they were to achieve 100% of 'appointments offered' well before the end of the 5-year period.

2.4 Dorset on the other hand is behind on the number of health check appointments having been offered (11.1%, 15 months into the programme). This is due, in part, to a slow start, with Dorset changing from a targeted approach pre April 2013 to the current universal approach with its demand for greater numbers. Figure 1 shows that appointments offered have been increasing over the quarterly periods thus far, but a period of significant over-performance is now required if Dorset is to 'catch up' with the national 5-year trajectory.

Figure 1:



2.5 More detailed analysis reveals a significant variation in performance between individual providers of health checks (see Appendix 1 for quarterly practice/locality-level data). Figure 2 shows very significant variation in the proportion of eligible practice populations receiving an invitation for a health check in the first 15 months of the programme. Figure 3 also shows variation by practice, in those attending a health check.

Figure 2:

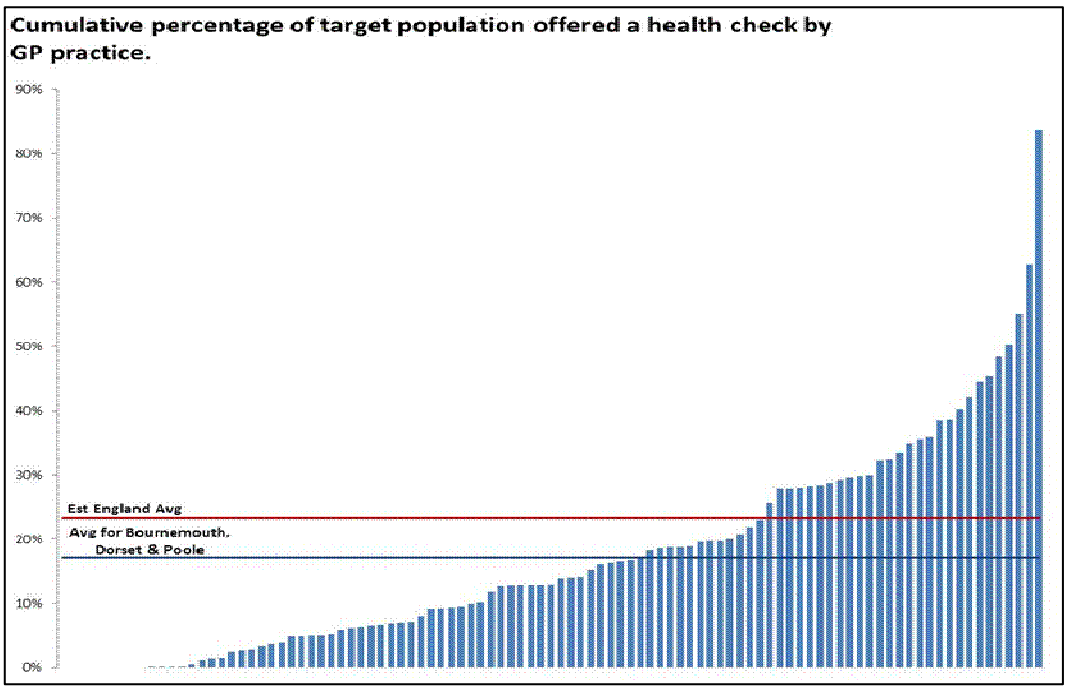
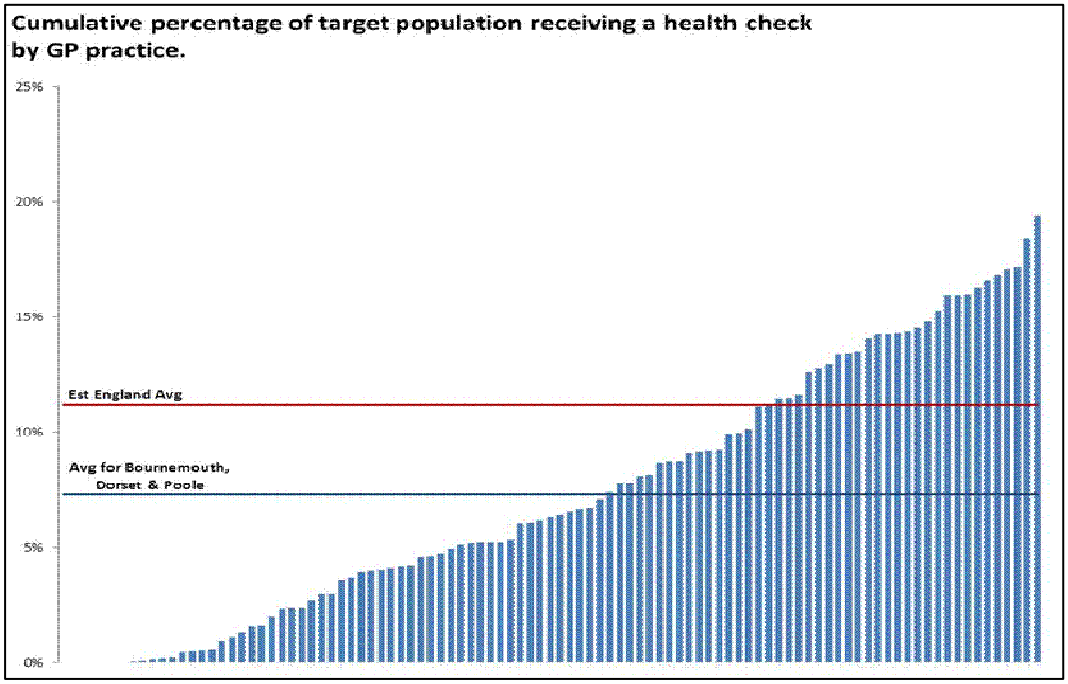


Figure 3:



2.6 There are some providers that are not sending out initiations nor delivering health checks to local communities, and some other providers are undertaking very few. Health Checks is a mandated public health programme for local authorities, and it is important that all people in local communities are given the same opportunity to access a health check.

2.7 Public Health England (PHE) is seeking to improve the take up of appointments. In 2013/14 there was an uptake target of 50% and in 2014/15 PHE increased their aspiration to 66% of all invites taken up. This requires a significant improvement in uptake across the three local authorities, but particularly in Bournemouth, which currently has a rate of 41.3%.

2.8 The risks to health check performance can be summarised in the following way:

- In general, Dorset practices have under-performed in the number of invites sent out to the eligible cohort during the first 15 months of the programme;
- There is significant variation in performance between providers, and in some areas there is inadequate provision;
- With national ambitions being raised, it has become necessary to increase the take up of health checks across all three local authorities.

3. Proposals for improving performance

3.1 In this section of the report actions are proposed as they relate to each of the key risks set out in paragraph 2.8.

3.2 Each GP provider is set a target number of health checks and a limit to the number of invitations they send annually.

3.3 **Proposed action (A):**
In 2015/16 the targets for practices in Dorset is doubled to generate the additional invitations and health checks required in order to catch up with the 5-year trajectory. Whilst this may be effective for some practices, given the current levels of under-performance among several Dorset practices, it would be foolish to suppose that changing individual practice targets will automatically result in improved performance. Therefore this proposal should be considered in addition to the other actions set out below.

3.4 Responsibility for invitations lies with individual GP practices across Bournemouth, Dorset and Poole. A more centralised call/recall system would allow for far greater control over the number of health checks being offered at any one time, as well as ensuring coverage across the all of the eligible population. There are several barriers to commissioning an entirely centralised system, the most intractable being the regulations governing the sharing of patient-identifiable data. Following discussions with many GP practices, there is serious doubt as to whether Public Health Dorset could gain the necessary agreement from across general practice that would enable a single call and recall system to be operated. The degree of variation in performance is however undeniable, and work is required to improve coverage in certain areas.

3.5 **Proposed action (B):**
Public Health Dorset publishes practice-level data and facilitates work with GP providers, exploring ways in which the call/recall system could be operated more efficiently and effectively. For example, through collaboration, the call and recall process could be better managed at a locality level. Where practices are completely disengaged or undertaking very little activity, Public Health Dorset seeks to commission alternative provision for their eligible patients as set out in paragraph 3.9.

3.6 A number of other councils have driven up performance through commissioning opportunistic health checks. Opportunistic health checks, i.e. those that have not been prompted by an invitation letter, have been amalgamated with all other health checks and reported by PHE as set out in Table 1 (they have assumed that one opportunistic health check is the equivalent to a single health check prompted by a single invitation). Commissioners seeking to improve uptake rates would be well advised to encourage opportunistic health checks over and above an invited system. Indeed, it appears that some local authorities are moving forward solely on an opportunistic basis (Leicester and Doncaster, for example, have had 100% of appointments 'taken up' over the first 15 months of the programme).

3.7 National guidance has always portrayed the Health Check programme as a programme that systematically invites the eligible population for a health check, in essence paralleling the 'call and recall' process associated with other public health screening programmes, e.g. cancer screening. The decision of PHE to report on opportunistic health checks as set out above could be interpreted as a departure from this policy as performance is directly improved through utilising the opportunistic approach. This runs centre to national policy on screening programme deliveries

3.8 Until now opportunistic health checks in Dorset have been minimal, consisting of those who walk into a GP practice or pharmacist asking for, or accepting the verbal offer of a health check there and then. There has been no systematic

commissioning of health checks outside of the providers' premises. Whilst an opportunistic approach brings a risk that some people might receive and health check when they are actually subject to the exclusion criteria (i.e. they are already on a CVD risk register or they have already received a health check in the last 5 years), an opportunistic approach does bring other advantages. The pros and cons of adopting an outreach approach are set out in Table 2.

Table 2:

Advantages	Disadvantages
• It is the simplest way of improving uptake rates • Commissioners may find it easier to regulate the number of health checks in any given year, and respond to areas that are currently be under-served. • Commissioners are no longer entirely reliant upon GP practices operating the invite system. • Pro-active outreach can mean better targeting of higher risk groups (geographical or demographic). • There is potential to reach people who do not regularly use health services.	• Reliant on individuals understanding the exclusion criteria and their own previous diagnosis. • May upset current providers who are providing good coverage of health checks to their local communities. • Sole use of opportunistic approach would erode the universal/systematic nature of the programme, with some people less likely to receive a health check than others.

3.9 **Proposed Action (C):**
Commission opportunistic and outreach health checks in communities considered a priority and in areas (mainly in Dorset) that are under-performing with invites and health checks. Opportunistic health checks would run alongside the invited system. They could also be commissioned to target specific groups e.g. workplaces. Procurement of these services will be through the dynamic purchasing system (DPS) being used to commission Community Health Improvement services. The procurement will commence in January 2015 and will be open to existing providers as well as new providers to the local market.

3.10 Up until now our approach to marketing the programme has encouraged the public to respond positively when they receive the invitation for a health check. Given the apparent reluctance of some GP practices to send out invitations in line with programme expectations, along with the proposal to commission more opportunistic health checks, it may be of benefit to change our promotional material/campaigns to emphasise the individual's right to have a health check; in otherwise, encouraging individuals to ask for one.

3.11 **Proposed Action (C):**
Change the wording and emphasis of marketing output to encourage people to actively seek a health check. Remove the limits placed on providers to undertake opportunistic health checks.

4. Summary

4.1 Since the start of the mandated Health Check programme in April 2013, there has generally been positive progress in implementing health checks across our local communities. This report has, however highlighted several performance risks that require remedial action:

- In general, Dorset practices have under-performed in the number of invites sent out to the eligible cohort during the first 15 months of the programme.
- There is significant variation in performance between providers, and in some areas there is inadequate provision.
- With national ambitions being raised, it has become necessary to increase the take up of health checks across all three local authorities.

5. Recommendations

5.1 The Joint Public Health Board is asked to approve the following actions for 2015/16:

- In 2015/16 the targets for practices in Dorset is doubled to generate the additional invitations and health checks required in order to catch up with the 5-year trajectory.
- Public Health Dorset publishes practice-level data and facilitates work with GP providers, exploring ways in which the call/recall system could be operated more efficiently and effectively.
- Where practices are completely disengaged or undertaking very little activity, Public Health Dorset seeks to commission alternative provision for their eligible patients
- Commission opportunistic and outreach health checks in communities considered a priority and in areas (mainly in Dorset) that are under-performing with invites and health checks.
- Change the wording and emphasis of marketing output to encourage people to actively seek a health check. Remove the limits placed on providers to undertake opportunistic health checks.

Chris Ricketts
Head of Programmes

November 2014

Health check invite and uptake by CCG locality and GP Practice

Bournemouth	2013/14								2014/15			
	Q1		Q2		Q3		Q4		Q1		Total	
CCG Locality / GP practice name	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake
Bournemouth North	**737**	**327**	**904**	**374**	**1,517**	**358**	**610**	**351**	**781**	**354**	**4,549**	**1,764**
Northbourne Surgery	172	34	235	75	299	35	107	52	279	37	1,092	233
The Village Medical Centre	194	61	169	30	317	88	148	73	207	122	1,035	383
Talbot Medical Centre	106	66	240	64	334	68	79	37	122	36	881	271
Alma Partnership	174	76	97	82	132	74	129	80	129	74	661	386
Banks & Bearwood	0	82	0	68	371	67	101	76	0	54	472	347
Kinson Road Surgery	51	8	143	31	64	26	45	32	44	31	347	128
Leybourne Surgery	40	0	20	11	0	0	0	0	0	0	60	11
Durdells Avenue Surgery	0	0	0	4	0	0	1	1	0	0	1	5
Central Bournemouth	**1,301**	**377**	**1,398**	**530**	**803**	**465**	**540**	**357**	**881**	**337**	**4,923**	**2,066**
Panton Gervis Rd & St Leonards Rd	261	46	281	56	663	44	212	46	138	37	1,555	229
Moordown Medical Centre	270	66	416	117	0	175	1	13	235	69	922	440
Holdenhurst Road Surgery	409	44	186	30	63	33	182	80	52	15	892	202
James Fisher Medical Centre	196	144	321	173	0	103	3	113	360	110	880	643
St Albans Medical Centre	59	25	87	36	38	33	117	37	0	32	301	163
Woodlea House Surgery	90	32	60	11	15	3	25	13	56	13	246	72
Denmark Road MC	16	20	47	107	24	74	0	55	40	61	127	317
Cornwall Rd	0	0	0	0	0	0	0	0			0	0
East Bournemouth	**282**	**236**	**311**	**185**	**887**	**260**	**864**	**226**	**697**	**197**	**3,041**	**1,104**
Providence Surgery	0	0	0	0	450	60	450	60	65	36	965	156
Shelley Manor	173	117	151	107	208	82	214	103	158	63	904	472
Littledown Surgery	79	72	101	27	120	52	57	19	192	32	549	202
Boscombe Manor M C	30	5	59	5	59	21	0	0	113	12	261	43
Marine And Oakridge	0	42	0	46	0	15	143	44	50	45	193	192
Southbourne Surgery	0	0	0	0	10	5	0	0	119	9	129	14
The Crescent Surgery	0	0	0	0	40	25	0	0	0	0	40	25
Beaufort Road Surgery	0	0	0	0	0	0	0	0	0	0	0	0

Health check invite and uptake by CCG locality and GP Practice

Dorset

	2013/14								2014/15			
	Q1		Q2		Q3		Q4		Q1		Total	
CCG Locality / GP practice name	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake
Christchurch	**542**	**224**	**703**	**299**	**167**	**228**	**1,517**	**418**	**644**	**284**	**3,573**	**1,453**
Farmhouse Surgery	0	0	226	77	40	65	552	98	104	76	922	316
Orchard Surgery	147	55	129	70	0	64	181	74	362	124	819	387
Barn Surgery Xchurch	0	0	0	0	0	0	551	97	1	1	552	98
Stour Surgery	255	56	201	73	11	21	0	19	85	21	552	190
Burton Medical Centre	89	62	71	3	71	33	135	47	1	1	367	146
Highcliffe Medical Centre	51	51	76	76	45	45	96	81	76	46	344	299
Grove Surgery	0	0	0	0	0	0	2	2	15	15	17	17
Dorset West	**293**	**98**	**325**	**91**	**143**	**107**	**43**	**71**	**272**	**112**	**1,076**	**479**
Bridport Medical Centre	126	28	224	31	33	36	18	18	177	44	578	157
Barton House Medical Practice	132	23	0	17	93	35	2	46	0	44	227	165
Lyme Bay Medical Practice	0	0	100	23	0	27	0	0	50	11	150	61
Charmouth Littlehurst Surgery	27	5	0	9	0	3	2	3	44	3	73	23
Portesham Surgery	8	42	0	10	17	6	21	4	1	10	47	72
Maiden Newton, Pound Piece	0	0	1	1	0	0	0	0	0	0	1	1
Birchwood Medical Centre	0	0	0	0	0	0	0	0			0	0
East Dorset	**383**	**173**	**337**	**166**	**882**	**197**	**79**	**309**	**459**	**291**	**2,140**	**1,136**
Quarter Jack Surgery	0	0	60	3	660	58	15	244	0	187	735	492
Penny's Hill Practice	116	49	150	30	0	20	0	0	92	5	358	104
West Moors Group Practice	143	52	0	43	46	47	48	51	53	28	290	221
Verwood Surgery	57	15	27	54	156	44	0	3	0	0	240	116
Village - West Moors	0	0	15	0	0	0	5	0	185	1	205	1
Orchid House Surgery	41	39	44	18	0	6	4	4	86	7	175	74
Tricketts Cross Surgery	26	18	41	18	20	22	7	7	28	14	122	79
Old Dispensary	0	0	0	0	0	0	0	0	15	49	15	49
Cranborne Practice	0	0	0	0	0	0	0	0	0	0	0	0
Walford Mill Medical Centre	0	0	0	0	0	0	0	0	0	0	0	0
Mid Dorset	**361**	**150**	**490**	**220**	**315**	**140**	**296**	**157**	**225**	**183**	**1,687**	**850**
Queens Avenue Surgery	125	62	209	63	114	72	78	46	106	71	632	314
Prince of Wales Surgery	119	32	129	48	101	12	104	23	0	15	453	130
Cornwall Rd	117	38	56	71	25	14	59	54	55	51	312	228
Fordington Surgery	0	14	73	12	38	13	31	18	46	25	188	82
Atrium Health Centre	0	0	0	0	29	19	21	12	5	5	55	36
Puddletown Surgery	0	0	23	24	8	10	3	4	12	13	46	51
Milton Abbas Medical Practice	0	0	0	0	0	0	0	0	1	1	1	1
Broadmayne Surgery	0	1	0	2	0	0	0	0	0	2	0	8
Cerne Abbas Surgery	0	0	0	0	0	0	0	0	0	0	0	0

Health check invite and uptake by CCG locality and GP Practice

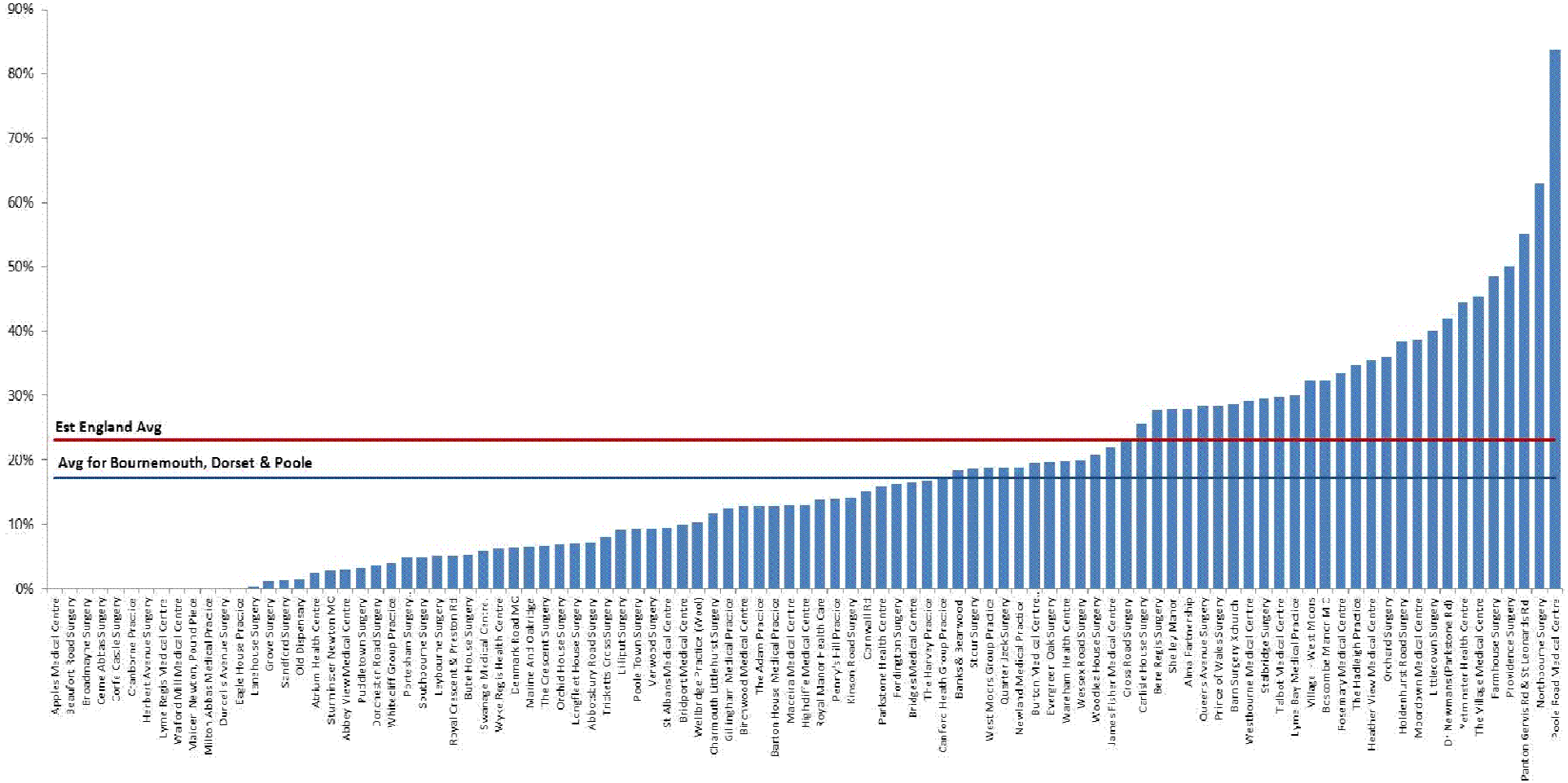
Dorset cont.

	2013/14								2014/15			
	Q1		Q2		Q3		Q4		Q1		Total	
CCG Locality / GP practice name	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake
North Dorset	**328**	**112**	**341**	**189**	**324**	**88**	**338**	**259**	**787**	**315**	**2,118**	**963**
Yetminster Health Centre	0	27	0	9	162	16	0	30	345	27	507	109
Gillingham Medical Practice	99	26	100	26	72	19	96	24	71	47	438	142
Stalbridge Surgery	18	0	112	102	25	21	39	20	193	106	387	249
Newland Medical Practice	55	35	6	5	7	5	100	94	152	99	320	238
Whitecliff Group Practice	150	0	50	15	0	5	1	1	1	1	202	22
Abbey View Medical Centre	6	6	20	20	27	16	43	33	24	22	120	97
Sturminster Newton MC	0	10	20	1	0	0	55	36	0	7	75	54
Bute House Surgery	0	6	33	11	31	6	0	17	0	5	64	45
Eagle House Practice	0	0	0	0	0	0	4	4	1	1	5	5
Apples Medical Centre	0	2	0	0	0	0	0	0	0	0	0	2
Purbeck	**146**	**41**	**234**	**67**	**94**	**21**	**397**	**141**	**417**	**130**	**1,288**	**400**
Wareham Health Centre	80	28	12	7	44	6	154	72	215	56	505	169
Bere Regis Surgery	0	0	222	42	50	11	86	28	0	5	358	86
Swanage Medical Centre.	57	4	0	18	0	4	84	1	75	31	216	58
Wellbridge Practice (Wool)	0	0	0	0	0	0	73	40	127	38	200	78
Sandford Surgery	9	9	0	0	0	0	0	0	0	0	9	9
Corfe Castle Surgery	0	0	0	0	0	0	0	0	0	0	0	0
Weymouth & Portland	**281**	**151**	**239**	**268**	**194**	**165**	**575**	**270**	**1,024**	**268**	**2,313**	**1,122**
Bridges Medical Centre	32	4	43	15	76	25	214	55	327	65	692	164
Royal Manor Health Care	58	55	85	52	59	46	90	31	252	51	544	235
Cross Road Surgery	14	14	76	38	29	9	127	48	113	50	359	159
Royal Crescent & Preston Rd	50	30	0	18	2	11	69	29	167	45	288	133
Abbotsbury Road Surgery	109	28	35	74	28	36	8	15	29	31	209	184
Wyke Regis Health Centre	18	13	0	48	0	0	11	11	132	4	161	76
Dorchester Road Surgery	0	7	0	23	0	38	51	76	4	22	55	166
Lanehouse Surgery	0	0	0	0	0	0	5	5	0	0	5	5

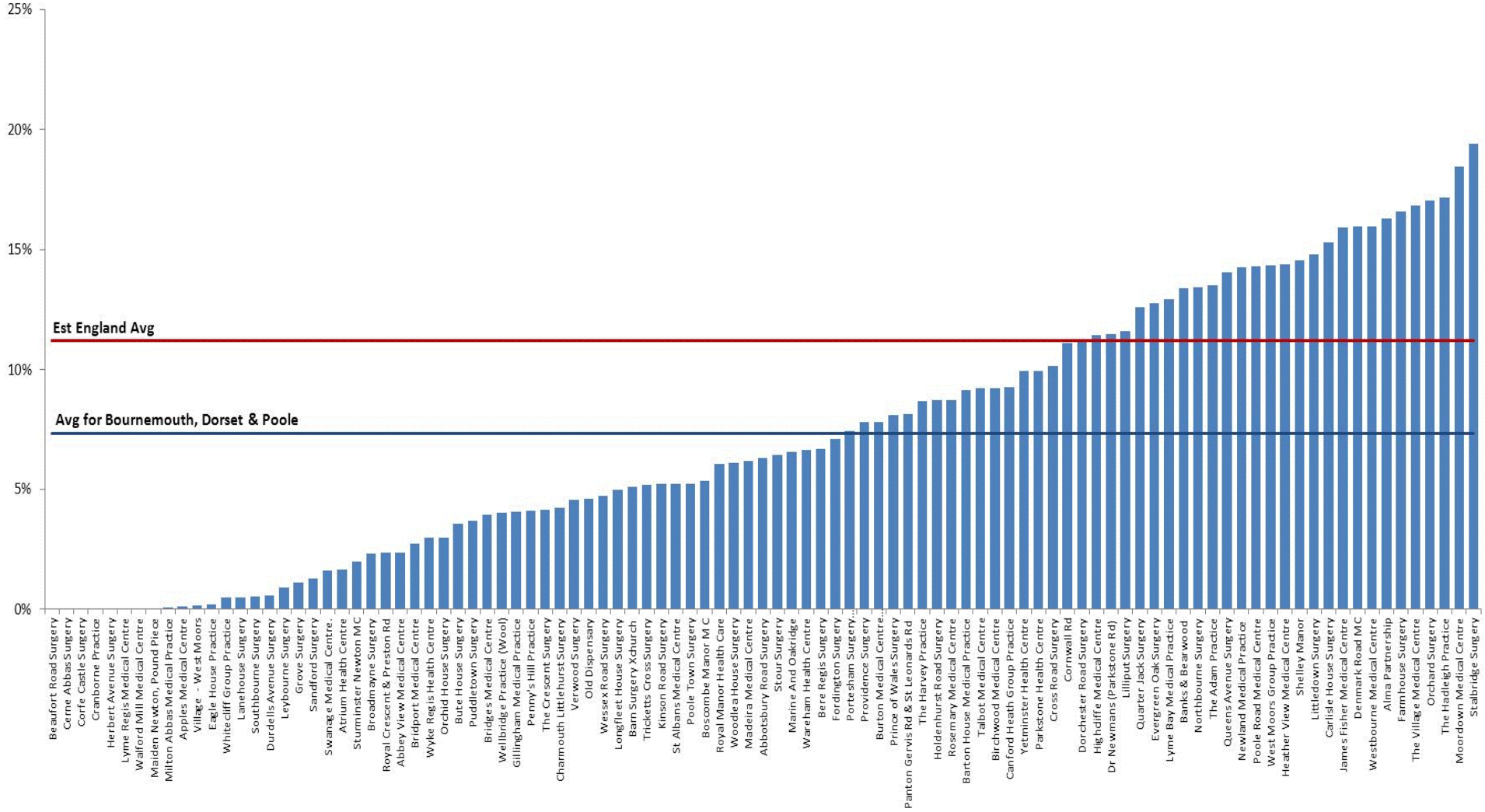
Health check invite and uptake by CCG locality and GP Practice

Poole	2013/14								2014/15			
	Q1		Q2		Q3		Q4		Q1		Total	
CCG Locality / GP practice name	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake	Invite	Uptake
Poole Bay	**1,690**	**563**	**1,131**	**462**	**710**	**387**	**1,258**	**564**	**641**	**310**	**5,430**	**2,286**
Poole Road Medical Centre	765	43	350	50	175	48	220	71	140	71	1,650	283
Westbourne Medical Centre	362	252	309	130	161	123	229	95	175	75	1,236	675
Heather View Medical Centre	268	91	154	60	115	30	492	231	62	29	1,091	441
Parkstone Health Centre	180	47	92	107	90	81	93	42	5	9	460	286
Wessex Road Surgery	0	26	49	5	82	20	143	22	107	17	381	90
Madeira Medical Centre	69	37	144	55	28	26	19	15	76	28	336	161
Lilliput Surgery	46	67	33	55	59	59	62	88	76	81	276	350
Herbert Avenue Surgery	0	0	0	0	0	0	0	0	0	0	0	0
Poole Central	**618**	**429**	**673**	**425**	**550**	**410**	**943**	**575**	**640**	**405**	**3,424**	**2,244**
The Adam Practice	205	205	239	239	174	262	337	337	270	249	1,225	1,292
Rosemary Medical Centre	169	48	171	31	171	42	280	70	0	15	791	206
Carlisle House Surgery	120	103	86	69	121	39	116	48	10	11	453	270
Dr Newmans (Parkstone Rd)	47	10	88	23	37	21	25	18	197	34	394	106
Evergreen Oak Surgery	40	30	53	28	23	21	93	59	100	62	309	200
Poole Town Surgery	37	33	22	21	14	13	28	18	45	10	146	95
Longfleet House Surgery	0	0	14	14	10	12	64	25	18	24	106	75
Lyme Regis Medical Centre									0	0	0	0
Poole North	**1,187**	**738**	**726**	**378**	**789**	**410**	**90**	**191**	**994**	**279**	**3,786**	**1,996**
The Hadleigh Practice	863	454	418	161	436	300	0	38	440	108	2,157	1,061
The Harvey Practice	131	105	163	67	150	25	1	71	196	62	641	330
Canford Heath Group Practice	123	117	105	96	120	30	0	24	268	70	616	337
Birchwood Medical Centre	70	62	40	54	83	55	89	58	90	39	372	268

Cumulative percentage of target population offered a health check by GP practice.



Cumulative percentage of target population receiving a health check by GP practice.



Transfer of Children's 0-5 years Public Health Commissioning to Local Authorities

1. Background

1.1 The transfer of the commissioning responsibility public health services for children aged 0-5 from NHS England will be the last of the public health functions to transfer to local authorities under the Health and Social Care Act 2012 on October 1st 2015. This will cover the health visiting services delivering the 0-5 Healthy Child Programme (HCP).

1.2 The commissioning responsibility for the following related services will not transfer to local authorities:

- The Child Health Information Systems;
- The 6-8 week GP check;
- Health Visitors not delivering core HCP e.g. Looked after Children nurses.

1.3 In 2011 the Government set out their plan to expand the health visitor workforce by 4200 nationally. Across Dorset, it is expected at the time of transfer the trajectory will be missed by 10 WTE, with the commissioning responsibility for approximately 153 health visitors along with their support staff transferring to local authorities on 1st October 2015.

1.4 The money will come from central government into the public health ring fenced budget. No staff will transfer. Currently in Dorset Health Visitor services are provided in the main by Dorset Health Care with some activity from Virgin Care. Health Visitors will remain employees of these organisations.

2. The Mandate

2.1 Subject to parliamentary approval the Government intends to mandate certain universal elements of the HCP, these are:

- Antenatal visit
- New baby review
- 6-8 week health visitor assessment
- 1 year assessment
- 2-2.5 yr review

2.2 It is anticipated that the Government will seek to protect contracts for 18 months following transition in order to provide stability and protection for the increased health visitor numbers.

3. National picture

3.1 NHS England were tasked with sharing with their local authorities the expected costs of the delivering the 0-5 HCP in 2015/16. Local authorities and NHS England were expected to "sign off" the figures by 12th September 2014. Locally the full information was not available in time for this to occur. NHS England "signed off" on this date with a number of caveats and the Director of Public Health, on behalf of the three Local authorities, has now fed back to NHS England that Public Health Dorset accepts the figures provided on a pan Dorset level for Dorset Health Care, and subject to a number of caveats are likely to be broadly representative of the figures expected. Figures for Virgin Care were not included in the return submitted.

3.2 The published timelines are given below:

June 2014	NHS England Area Teams share information on existing contracts and funding, and seek engagement from local authorities and providers to help establish funding baselines
July 2014	Local authorities and area teams will be asked to submit joint information on funding ahead of indicative funding baselines for 2015/16 being identified and shared with local authorities for a period of local authority engagement in the autumn.
September – October 2014	Regional preparation events delivered
October 2014	Local authority consultation on funding allocations
December 2014	Local government funding settlement published including 0 to 5 part year funding (i.e. from Oct 2015)
January 2015	Light touch self-assessment to be completed by each area to highlight any remaining areas of concern and barriers which need to be resolved at national/local level to enable a safe transfer.
March 2015	Target date for expansion of Health Visitor numbers and Family Nurse Partnership places
1st October 2015	Transfer of Commissioning Responsibility from NHS England to local authorities

3.3 Nationally the Department of Health, NHS England, Public Health England, are working with partners such as the Local Government Association, SOLACE, ADCS and ADPH. Work streams are also expected to be mirrored at a local level.

4. Local picture

4.1 The first pan Dorset transition group steering group meeting was held 22nd September and will be held bimonthly. The transition group shall be overseen by the Joint Commissioning Partnership for Children.

4.2 A number of work stream sub groups were anticipated but it is hoped that most of the work can be dealt with through the transition group using the existing local support functions.

4.3 The priority will be for a 'safe landing' in the first instance. Moving forward the transfer will provide opportunities for more fundamental transformation of the early years offer.

5. Recommendation

5.1 The Board is asked to agree:

- That the Health Visitor public health budgets of the three Local authorities are pooled;
- Commissioning responsibility for the 0-5 Healthy Child Programme sits with Public Health Dorset.

Health Improvement Commissioning Update

1. Background

1.1 The Joint Public Health Board meeting in July supported the recommendation to seek a new provider for health improvement services in Dorset via a procurement exercise, and award contract subject to identifying a high quality organisation.

1.2 This paper updates the Board of progress to date against the commissioning and procurement project plan, as well as feedback from the second supplier event which was held in September.

2. Commissioning and procurement progress

2.1 Significant work took place throughout August, September and October in preparing the final specification. This now includes changes to the initial list of services that were in scope for the tender. The final scope of the health improvement service includes smoking cessation services currently provided by Dorset Healthcare University Foundation Trust in Bournemouth and Poole, and the Alcohol Brief Intervention service currently provided by CRI, also in Bournemouth and Poole.

2.2 The rationale for including these services within the re-designed health improvement hub is to offer a more equitable service to all residents across Dorset, in line with principles previously established for Healthy Choices, the healthy weight service. The specification for the new Health Improvement Hub will therefore have four clear pathways for health improvement within it:

- Administration of Healthy Choices and follow up support (pan-Dorset);
- Provision of brief interventions for alcohol (pan-Dorset);
- Provision of brief interventions for physical activity and signposting to a local offer (pan-Dorset);
- A new modernised smoking cessation service offering a choice of approaches, designed to support the current GP and pharmacy service (pan-Dorset).

2.3 Currently all milestones on the project plan have been met and the tender is scheduled for release on October 23rd. Evaluation of responses to tender is scheduled for the second week in December 2014, with award of contract due early January 2015.

3. Engagement and consultation

3.1 Engagement work continues to inform the final design of the specification and implementation of the new model of health improvement. Eight focus groups held in different communities and settings across Dorset continue to indicate huge interest in the health improvement hub, and have been useful in highlighting accessibility issues.

3.2 Feedback from the public engagement and consultation exercise also found strong support for the proposed service model and a full final evaluation is due imminently. Focus groups have also been held with representatives from at least 7 GP localities, particularly to test ideas about how people should be referred to the hub from primary care – a key relationship.

3.3 There has also been extensive engagement with the community and voluntary sector organisations in the form of a project to identify what support the hub might offer the sector, in return for building stronger links with local organisations that they might refer people to.

Early feedback indicates that there is strong interest in being able to measure the impact of using voluntary and community sector opportunities to improve wellbeing.

4. Second supplier event

4.1 Finally, the second supplier event was held in early September which was a chance to share a draft specification with potential providers. Feedback from the event was generally very positive, with evaluation showing that the model for health improvement and specification was clearly understood. Providers also said that they were aware that the project was ambitious and to allow enough time for implementation and development.

Sam Crowe
Assistant Director of Public Health
17 October 2014

Health Protection Update

1. Introduction

1.1 Health Protection is one of the five 'mandatory' programmes for Public Health within Local Authorities. Public Health Dorset works collaboratively with a number of key stakeholders and organisations, including Public Health England, NHS England, CCG and the Districts and Borough Councils, to ensure the population of Bournemouth, Dorset and Poole are protected from a broad range of hazards including infectious diseases and environmental hazards. This broad programme of work also aims to impact on a number of outcomes with the Public Health Outcomes framework.

2. Local Health Resilience Network

2.1 The Local Health Resilience Partnership is a strategic group co-chaired by NHS England and Public Health Dorset. This group exists to ensure that the health system across Bournemouth, Dorset and Poole has clear and tested plans to be able to respond and retain a resilient system in the case of any health related incident, such as a major disease outbreak. We have recently held a successful multi-agency tabletop exercise to test the plans for the response to a major disease outbreak requiring the mass vaccination of contacts.

3. Dorset Health Protection Network

3.1 The Dorset Health Protection Network is an informal professional network chaired by the Director of Public Health. It is a forum where all the agencies involved in Health Protection meet including PHE, NHS England, Dorset CCG and the relevant Local Authorities.

3.2 The network is a unique opportunity to focus on shared areas of interest in health protection and is further strengthening the collaborative relationships between the key professional groups to deliver on the National Public Health Outcomes framework.

3.3 This group has tasked a review of the public health protection activity across Dorset, Bournemouth and Poole in the form of a stocktake based on the WHO principles of Essential Public Health Functions and delivery on the National Public Health Outcomes Framework.

4. Public Health Stocktake

4.1 The transfer of the Public Health from the NHS into Local Authorities gives us the opportunity to take a view of how to best achieve to work collectively and in collaboration with colleagues from key professional groups including Environmental Health, Trading Standards and Licensing to priority public health outcomes for the local population. It also gives us the opportunity to identify areas where we can work more effectively and efficiently together to deliver improved public health outcomes for our local population.

4.2 The stocktake has been developed following an initial paper *Delivering Core Public Health Functions & Services for the Population of Dorset, Bournemouth & Poole* which received support from the Chief Executives and Dorset Heads of Regulatory Services. Each Local Authority team and Public Health Dorset have nominated a member of staff to work as part of a time limited project group to define the scope, develop an analytical framework, collate and present the findings of the stocktake. Fieldwork and data collection is currently being carried out in every team and the group will aim to collate and present the findings and recommendations to the next health protection network in early December.

5. Homes

5.1 Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes. Treating children and young people injured by accidents in the home costs Emergency departments across the United Kingdom around £146 million a year. Among the over 65s, falls and fractures account for 4 million hospital bed days each year in England, costing £2billion. Over 25,000 people die each year in the UK as a result of living in cold temperatures much of this is due to living in poorly heated homes

5.2 Public Health Dorset, with agreement from the Health and Wellbeing Board Chairs has allocated £700k funding from the Public Health savings from 2013/14 to the development of an intervention which aims to improve the housing conditions of the most vulnerable people across Bournemouth, Dorset and Poole. The format and content of this planned initiative is currently being scoped in partnership with the housing and fuel poverty teams at the local authorities across Dorset. This is an exciting opportunity to work collaboratively to deliver some real improvements to some of the most vulnerable residents and to closely evaluate this multi-agency project to demonstrate the value and lessons learnt for other areas. The first meeting of the steering group for the project is hoped to take place within the next four weeks to commence the project.

6. Screening and Immunisations

6.1 Since the 2013 reorganisation of the health service, NHS England commissions most immunisation and screening programmes. GP practices undertake the majority of immunisations in children and adults, although HPV vaccine and some boosters are given in schools. Screening, such as breast, cervical and bowel screening is undertaken in both hospital and community health settings.

6.2 The role of Public Health Dorset is to oversee performance of immunisation and screening programmes, to be proactive in ensuring there is a high uptake and monitoring across all age groups, together with challenging NHS England around equitable access. As an example, Dorset, Bournemouth and Poole Councils were active in 2013 in encouraging parents to make sure their children received MMR immunisation in light of the measles outbreak in Wales.

6.3 A more recent example of activity is the programme in collaboration with the 3 top tier local authorities to increase uptake of Flu Vaccinations for eligible Local Authority Staff i.e. frontline care workers. This is an innovative piece of work which will be evaluated and shared and included in the planning for future years.

7. Community Safety & Violence prevention

7.1 The Consultant lead for Health Protection is a member of the 3 Community Safety Partnerships and the Youth Offending Team Joint Board.

7.2 A key area of work has been the implementation of a Pan-Dorset ‘Cardiff model’ data collection project which works with the three Emergency Departments (EDs) and other community safety partners. When a patient presents in an ED as a result of an assault, staff collect specific information including the involvement of drugs and/or alcohol in the attack. This data is analysed then supplied to partners who may take action with individual licensed premises, or amend activity in certain areas to try and prevent violence occurring, and used to inform the domestic violence agenda.

8. Licensing and Night Time Economy

8.1 Public Health is now a responsible licensing authority, and as such can use evidence to make a representation against any new or varied license application, however this power is limited. Public Health can also comment on reviews of existing premises if the Cardiff data supports a representation. Public Health will also be working with licensing colleagues on the development of the Statement of Licensing Policy in Local Authority areas eg in Bournemouth.

8.2 The Public Health team have been working with the Night Time Economy (NTE) strategy groups across the county to support evidence based initiatives, and offer evaluation skills to keep people safer in the NTE. Current activities being explored include Best Bar None; a bar accreditation scheme, Safe Bus; having a location to prevent vulnerable people in the NTE from harm, and a Voluntary Early Closure Scheme; working with bars and clubs to close earlier without enforcing legislation on them.

9. Road Safety

9.1 Public Health Dorset work with road safety partners in order to reduce the harm on the roads, both at the strategic Dorset Road Safety Partnership Board and the tactical Dorset Road Safe group.

9.2 The key areas of involvement to date is a review of the literature to suggest which interventions may be effective in preventing injury in subsections of the population and support to evaluation of key projects within the Road Safe partnership, e.g. Life Drive pilot in Bournemouth.

9.3 The Consultant is a member of the Road Death Overview Panel which meets for the first time 17th November.

10. Research into Climate Change

10.1 Public Health Dorset successfully won a research grant from the Big Lottery to look at Climate Change & Health of Older people, as part of DCA's Communities Living Sustainably initiative. The overall aim for this project is to better understand the potential health impacts of the combined pressures of climate change and an ageing population, and to explore the means of effective adaptation to minimise adverse consequences. The results from this two year research project will be disseminated widely and used to inform policy development in the future.

Rachel Partridge
Assistant Director of Public Health

Reinvesting Alcohol Brief Interventions funding into the Dorset Health Hub

1. Summary

1.1 Funding from Crime Reductions Initiative (CRI) provides an alcohol brief intervention service within Royal Bournemouth Hospital and Poole General Hospital. The service is commissioned by Public Health Dorset and was inherited as part of the transition from Bournemouth and Poole PCT. The contract is due to terminate 31st March 2015.

1.2 Approval is sought to reinvest the monies in the new Dorset Health Hub, to be commissioned and operational from 1st April 2015. This will provide a more equitable, efficient and holistic approach to delivery of 'alcohol brief interventions'.

2. Background

2.1 The current alcohol brief intervention service provides screening for alcohol use and delivery of brief interventions to adults who are drinking at increasing or higher risk levels. The service is provided by Crime Reduction Initiatives (CRI) and costs £181,490 per year paid as a block contract.

2.2 The overarching service aims and outcomes are as follows:

- Improve levels of awareness of risks associated with alcohol consumption;
- Promotion of alcohol harms reduction in the local community;
- Support people drinking at increasing/higher risk levels to reduce their alcohol intake;
- Reduce the harm associated/caused by alcohol to the individual, families and society.

2.3 The service is based in each of the local acute hospital trust settings in Bournemouth and Poole, primarily in the emergency departments but also operating across a number of wards.

2.4 There is a considerable body of evidence demonstrating the effectiveness of brief interventions for alcohol misuse. Brief interventions have been shown to reduce alcohol consumption and many of its consequent effects.

2.5 The BIT service is commissioned, contracted and funded via Public Health Dorset. The contract for the service expires in March 2015.

3. Assessment of existing provision

3.1 <u>Effectiveness</u>
The service delivers an average of 2,400 brief interventions per year, representing around 3% of the adult population drinking at increasing/higher risk levels (the target group). The service is less effective than delivery of brief interventions by mainstream hospital staff, for example, in Poole General Hospital, where an estimated 20,000 interventions are delivered per year by the general body of staff.

3.2 <u>Efficiency</u>
The total cost of the service is £181,490 per year (block payment) which equates to around £80 per brief intervention/follow-up contact. This does not represent good value for money.

3.3 Equity
The service delivers within Bournemouth and Poole hospitals, having been historically commissioned by Bournemouth and Poole PCT. No such service exists within Dorset County Hospital so there is a gap in service provision under a pan-Dorset model.

4. Gap analysis

4.1 The current service has a single issue focus on alcohol. Given that health-risk behaviours cluster in populations, the configuration of the existing service misses an opportunity to deliver a holistic approach to improving health.

4.2 The service fails to record the longer-term impact of the intervention for the vast majority of individuals who access the service.

4.3 Access to the service is limited to those individuals using Bournemouth or Poole hospitals and specific settings in those trusts.

4.4 Screening for problematic alcohol use is taking place for individuals undergoing an NHS Health Check yet there is no pathway into alcohol brief interventions provision.

5. Advantages of delivering alcohol brief interventions in the Dorset Health Hub

5.1 Service provision will be more equitable and accessible. The Hub will deliver services pan-Dorset and will be accessible via a range of referral pathways, including primary care, secondary care, voluntary and community sector providers, and self-referrals.

5.2 The Hub will 'close the loop' and provide a robust pathway and intervention for those individuals being screened for problematic alcohol use as part of an NHS Health Check.

5.3 Integration of alcohol brief interventions alongside other health improvement pathways will provide a broader, more holistic community health improvement offer, able to identify and address multiple health-risk behaviours and monitor the impact of support over the longer-term.

5.4 The Hub will provide greater efficiency in service delivery via economies of scale.

6. Recommendations

6.1 The Joint Public Health Board is asked to:

- Support the decision to not renew the existing alcohol brief interventions service;
- Approve reinvestment of the monies released from the existing alcohol brief intervention into delivery of an improved service within the Dorset Health Hub.

Dr Nicky Cleave
Assistant Director of Public Health

EQIA - Full Equality Impact Assessment

Step 2: Scoping – what are you impact assessing?

Service and lead officer: *Sam Crowe, Assistant Director of Public Health*

Officers involved in the EqIA:

Paul Compton, Catherine Boulton, Stuart Burley,

What are you impact assessing?

Existing: ☐

New/proposed: ☒

Changing/Update/ revision ☐

Other, please list

_____

Q1. What is the title of your service / strategy / policy / project?

Procurement of a new health improvement hub for Dorset

Q2. What is the aim of your service / strategy / policy / project?

Improve access to behaviour change support for common lifestyle issues

Q3. Who does/will it have an impact on? eg. public, visitors, staff, members, partners?

Public, professionals working in partner organisations

Q4. Are there any potential barriers to implementing changes to your service / strategy / policy / project? eg. capacity or financial issues

No

Q5 . Who else will be involved in implementing this service /policy…

Procurement officers, members of the public health team, professionals who may refer to the new service such as GPs and pharmacists

Q6. What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand?

List here:

Baseline modelling of likely activity shows that there are likely to be some key age groups most likely to access the new hub service:

- *Adults aged 40-74 (following an NHS Health Check)*
- *People seeking to attain and maintain a healthy weight (adults, highest users females aged 45 plus, lowest users, males)*

- *People wanting support to quit smoking – previous research has shown that current service being re-commissioned not always used by more deprived communities or people with mental health issues*

Q7. Do you need any further information broken down by equality strand to inform this EqIA?

Yes

If yes, list here and add actions to gather this data to your action plan at step 5):
Expand box as necessary

We consider that an important element of EqIA to support this procurement is a better understanding of the reasonable adjustments that should be made by a successful provider to enable all groups to have equal opportunity to take up the offer of advice and support to improve health. As we are commissioning a customer service and engagement function initially, we want to understand how a provider should make reasonable provision for physically disabled people in particular to access this service. This is particularly aimed at understanding what provision should be made for people who may not be able to use the telephone, or have visual impairments. We are also intending to consult with groups representing people with learning disabilities and mental health issues to establish how to make accessing the hub as simple as possible.

4. Making a judgement about impacts

Protected Characteristics

Age Current service data on the healthy weight pathway suggests people over 40 years are more likely to take up the service – we are running focus groups with younger people to inform the future design of the hub to try and improve engagement with this group

Disability The proposed hub has to be accessible to all so we are consulting with people who may be visually impaired or hard of hearing to establish what provision should be made. We have very little information from people with learning disabilities about how they might use health improvement services so we are consulting with local representative groups to inform the specification.

Gender Men are less likely to use health improvement services than women and we will continue to look at ways men could be more engaged with the service.

Gender Reassignment No anticipated impacts based on current scope of specification.

Marriage and Civil Partnership No anticipated impacts.

Pregnancy and Maternity This covers the period during pregnancy to 26 weeks post natal and being able to accommodate breastfeeding. Not all services will necessarily be accessible to women during pregnancy or maternity and may require a clinical assessment.

Race Existing information suggests that some groups do not take up health improvement offers as readily as White British residents (based on measuring uptake of current healthy weight pathway). Dorset Race Equality Council will be asked to provide advice on how the new hub provider should work to maximise opportunities in all groups across Dorset.

Religion and belief Providers will be required to have the capacity, knowledge and skill to meet the 'cultural' or religious beliefs of diverse groups. This may impact on life choices.

Sexual orientation No anticipated impacts based on current scope of specification.

Safeguarding

Is there anything in this policy/procedure that has implications for safeguarding children or vulnerable adults?

Yes ☐ No ☒

If yes, please ensure that the policy/procedure is submitted to the DCC Safeguarding Group, or for Children's Services Safeguarding for consultation.

Health

Assessing health impacts is also an important issue, many factors can influence health. Health inequalities include income, housing, employment, the environment, transport, education and access to services. For more detailed information please see 'Health Impacts'.

Health: This procurement is aimed at improving access to health improvement services across Dorset so should result in improved health outcomes. Service use will be monitored to ensure that residents in Dorset are taking up the offer of using the service in line with our expectations based on an understanding of important population groups in localities.

5. Action planning

• To continue with the planned engagement and consultation process to identify reasonable adjustments that providers should make to ensure equitable take up of the new service across Dorset. • To use the results of this information to inform the specification used in procurement

- To monitor use of the service after implementation to ensure it is being used equitably

Q8. Is there any potential for direct or indirect discrimination?

Don't Know

If yes, please explain how you are going to change this?

Expand box as necessary

We are seeking further advice from the equalities officer at DCC as to how we might assess the potential for indirect discrimination.

Step 4: Improvement plan – what are you going to change?

Expand boxes as necessary

Issue	Action	Performance Target (what difference will it make)	Lead Officer	Achieved	Difference made

EqIA approved by: _____ **Date:** _____

Review date: _____

Check with your equality officer for the EqIA signing-off process and for posting the EQIA on the web.