

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	6 November 2014
Officer	Director of Public Health
Subject of Report	Performance Reporting 2014/15
Executive Summary	This paper provides an update for the Board on progress against the agreed commissioning intentions by programme.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report.
	Use of Evidence: Evidence was used to underpin the development of the agreed commissioning intentions. This report makes use of internal performance monitoring information as well as information derived from public consultations and provider engagement events to provide evidence of progress against these intentions.
	Budget: Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further budget implications identified as a result of this report.
	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:

	<p>Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
Recommendation	<p>That the Board notes the progress against the milestones for the various programmes as per the updated commissioning intentions workplan.</p>
Reason for Recommendation	<p>Assurance of progress for the Board</p>
Appendices	<p>Appendix 1. Performance Update October 2014</p>
Background Papers	<p>Attached</p>
Report Originator and Contact	<p>Name: Dr Jane Horne Tel: Email: j.horne@dorsetcc.gov.uk</p>

1. Background:

1.1 At the July Board members agreed that at each meeting they wished to receive an update on progress by programme against the commissioning intentions workplan agreed at the February Board.

2. Discussion:

2.1 The commissioning intentions plan has been updated to include work arising from decisions taken at the July Board, with more detail on the Integrated Health Improvement Hub, the single framework for community providers, and detoxification services.

2.2 The plan also identifies work related to the Sexual Health Service review, transfer of Health Visitors and the review of Drugs and Alcohol commissioning arrangements. Separate papers to be discussed under commissioning developments provide more detail on each of these.

2.3 .A detailed report on progress is included at Appendix 1, with a red/amber/green status indicated against each area, with commentary on progress. Overall progress is good.

2.4 The appendix also highlights potential risks and issues. We continue to work with procurement and other colleagues to mitigate against these risks.

3. Recommendation:

3.1 The Joint Public Health Board is asked to note progress against the updated public health work plan set out in Appendix 1.

Dr Jane Horne
Consultant in Public Health
October 2014

Outreach service for seldom heard groups and areas of high need	<p>Prior Information Notice</p> <ul style="list-style-type: none"> : Supplier event : Go to market with framework and contract : Go live with service 	<p>Contract route agreed at JPHB July 2014</p> <p>Scope of framework close to agreement</p> <p>Initial draft criteria in discussion</p>	<ul style="list-style-type: none"> • Need to wait for legislation change in January to harness full benefits of contract mechanism, therefore there will be no impact in 14/15 	<ul style="list-style-type: none"> • 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.
Bring all current Health Checks provision under one framework	<p>Go to market with framework</p> <p>Go to 'framework approved providers' with contract</p>	<p>Scope of framework close to agreement</p> <p>Initial draft criteria in discussion</p>	<ul style="list-style-type: none"> • Current providers need support to understand this contract mechanism. Our intention is therefore to extend current contracts for 6 months (to Sept 2015) to enable this 	<ul style="list-style-type: none"> • Longer contract periods available • Administrative savings for Public Health Dorset • Potential for innovation and focused efforts in particular areas or groups
Ensuring robust contracts with pharmacies and GPs	<p>New contract issued with single price for pharmacies, and updated service spec for GPs</p>	<p>Contracts signed</p>	<ul style="list-style-type: none"> • Capacity for ongoing contract management 	<ul style="list-style-type: none"> • Improve the efficiency and effectiveness of Health Check services
Communications and marketing in selected geographical areas	<p>Communications plan with clear costed activity in priority areas</p>	<p>Campaigns and targeted activity have taken place</p>	<ul style="list-style-type: none"> • Evaluate effectiveness • Build into communications work plan 	<ul style="list-style-type: none"> • More requests for checks direct to GP and pharmacies in the target areas.

Co-commission maternity services relating to smoking in pregnancy	commence new service across all 3 Trusts	Model agreed Service specification drafted Negotiating contract variation	<ul style="list-style-type: none"> All contract variations through NHS contracts joint with CCG delayed Intention now is to commence service from Dec 14. 	<ul style="list-style-type: none"> more accessible smoking cessation support for women that smoke during pregnancy. improved outcome – fewer women smoking at the time of delivery.
Develop Tobacco Control Alliance annual workplan	: Agree annual work programme.	Regular Board meetings established Work plan agreed	<ul style="list-style-type: none"> Multi-agency working 	<ul style="list-style-type: none"> co-ordinate actions across Bournemouth, Dorset and Poole to reduce smoking prevalence, prioritising those most at risk of harm.
Commission more unified approach to smoking cessation	: New contracts issued with a single price for all primary care providers and the incorporation of 12-week monitoring.	New contracts with GPs, Pharmacies and DHUFT signed	<ul style="list-style-type: none"> Capacity for ongoing contract management 	<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.

Review & re-procure inpatient detoxification services	<p>: Communicate plan</p> <p>: Go to market with framework and contract</p> <p>: Go live with new service</p>	Route to market and service spec supported at JPHB July 2014	<ul style="list-style-type: none"> • Understanding of level of need and demand 	<ul style="list-style-type: none"> • improved efficiency and equity of existing service. • Support development of improved community detoxification system.
Review of shared care arrangements across Bournemouth, Dorset and Poole	<p>Consultation and engagement to inform future direction</p>	Initial draft review complete and shared with stakeholders	<ul style="list-style-type: none"> • Prescribing implications • Provider engagement 	<ul style="list-style-type: none"> • reduced harm to service users from their drug misuse.
Review of Drugs and Alcohol Commissioning Arrangements	<p>:Review complete</p> <p>: Implementation of preferred option</p>	D&A Joint Commissioning Group received review Sep 14	<ul style="list-style-type: none"> • Complex change management may be required 	<ul style="list-style-type: none"> • Clarity around best option for the future

Sexual Health Service Review	<p>Develop commissioning intentions</p> <p>: Initial supplier event to shape model for Dorset</p> <p>: Go live with new contract</p>	<p>Prospectus developed</p> <p>First Supplier event held October 2014</p> <p>Discussion at Joint Public Health Board November 2014 to agree approach</p>	<ul style="list-style-type: none"> • Provider co-operation • Maintenance of service stability and quality 	<ul style="list-style-type: none"> • Greater integration across services • Increased value for money
Review of public health nursing offer to school age children	<p>: Needs assessment</p>	<p>Needs Assessment underway</p> <p>Multi-agency steering group established</p>	<ul style="list-style-type: none"> • Interdependencies including role of the Health Visitor and 0-5 offer 	<ul style="list-style-type: none"> • Opportunity for development of efficient, equitable services to be developed pan Dorset with an integrated approach to commissioning, funding and outcomes
Preparation for return of Health Visitors from NHSE to local authorities	<p>: Agree approach at JPHB</p> <p>: Work with NHSE and DHUFT on 15/16 contract</p> <p>: Contract novates in line with agreed approach</p>	<p>Initial return by DHUFT/NHSE shared with public health and local authorities</p> <p>Discussion at Joint Public Health Board November 2014 to agree approach</p>	<ul style="list-style-type: none"> • Interdependencies including public health nursing offer for school age children and 0-5 offer 	<ul style="list-style-type: none"> • Comprehensive Healthy Child Programme Offer

Single point of access for all enquiries and referrals	<p>: Start tender process</p> <p>: Go live with new single point of access</p>	<p>Procurement approach agreed at JPHB July 2014</p> <p>Contract Notice live October 2014</p>	<ul style="list-style-type: none"> No providers able to meet service spec 	<ul style="list-style-type: none"> Improved signposting and referral for adult health improvement services Better engagement of primary care following NHS Health Check Greater efficiency Better chance of tracking longer term outcomes
Clear lifestyle offer for all residents	<p>Brief interventions for healthy choices, smoking cessation, physical activity and alcohol in scope as part of integrated health improvement services</p> <p>Go live with new contract and implementation of brief interventions</p>	<p>Effectiveness of existing services reviewed</p> <p>Scope of integrated Hub to include</p>	<ul style="list-style-type: none"> No providers able to meet service spec 	<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 health

Develop consumer insight	<p>: Review existing local research on health improvement</p> <p>Write communications and engagement plan</p> <p>: Use results in preparing new service specification</p>	<p>Local research summary complete</p> <p>Communication and engagement plan in place</p> <p>Insight used in developing service spec.</p>	<ul style="list-style-type: none"> • How representative of general population are this group? • Is segmentation appropriate? 	<ul style="list-style-type: none"> • Ensure new service that is commissioned is accessible to different groups across Dorset
Re-commission Healthy Choices hub to address need in Bournemouth and Poole	<p>New contract issued for one year to cover additional activity in Bournemouth and Poole</p>	<p>Service is now live</p>	<ul style="list-style-type: none"> • For 2015/16 this will be incorporated into the plans for integrated health improvement service. 	<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	<p>Successful tender for weight management providers to supply services in Bournemouth and Poole.</p>	<p>Service is now live</p>	<ul style="list-style-type: none"> • Capacity for ongoing contract management 	<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.

Green – complete

Amber – in progress, on track

Red – behind schedule