

Agenda Item:

Joint Public Health Board

15

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

Date of Meeting	3 February 2015
Officer	Director of Public Health
Subject of Report	Performance Reporting 2014/15
Executive Summary	<p>This paper provides an update for the Board on</p> <ul style="list-style-type: none"> • progress against the agreed commissioning intentions by programme, and • most recent NCMP data..
Impact Assessment:	<p>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.</p>
	<p>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.</p>
	<p>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.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the</p>

	<p>County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
<p>Recommendation</p>	<p>That the Board notes the progress against the milestones for the various programmes as per the updated commissioning intentions workplan.</p>
<p>Reason for Recommendation</p>	<p>Assurance of progress for the Board</p>
<p>Appendices</p>	<p>Appendix 1. Performance Update January 2015 Appendix 2. NCMP 2013/14 results</p>
<p>Background Papers</p>	<p>Attached</p>
<p>Report Originator and Contact</p>	<p>Name: Dr Jane Horne Tel: 01305 225872 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 2014 Board.
- 1.2 The National Child Measurement Programme (NCMP) measures the height and weight of children in school in Reception and Year 6. High level results are published in December for the previous academic year.
- 1.3 Progress on developing better visualisation of overall performance was discussed briefly at the November Board and latest progress will be shared at the February Board.

2. Discussion:

Progress update

- 2.1 The commissioning intentions plan has been updated to reflect the evolving work plan, as decisions are taken at the Joint Public Health Board. An overall report on progress is included at Appendix 1, with a red/amber/green status indicated against each area, with commentary on progress. Separate reports to be discussed under commissioning developments provide more detail on specific areas
- 2.2 The appendix also highlights potential risks and issues. We continue to work with procurement and other colleagues to mitigate against these risks.
- 2.3 Overall progress is good, and since the JPHB in November the review of shared care has been completed and now shows as green.

Latest NCMP data

- 2.4 NCMP data for the 2013/14 school year was released in December 2014. Appendix 2 shows results for reception and Year 6 across Bournemouth, Poole and Dorset, with trend data over eight years.
- 2.5 Nationally, the proportion of children who are overweight (including obesity) has risen in both reception and year 6 since 2012/13.
- 2.6 Locally, prevalence of overweight (including obesity) for Reception children is now worse than England, having previously been better than England. Dorset has also seen a significant increase compared to last year in Reception children who are obese, moving it from better than England to the same as England; whilst in Weymouth and Portland overweight and obesity prevalence in Reception remains worse than England.
- 2.7 Rates of overweight and obesity are higher in Year 6 than in Reception, but we do not have any areas locally where rates are worse than England, indeed most areas do better than England.

3. Recommendation:

3.1 The Joint Public Health Board is asked to:

- **note progress against the updated public health work plan**
- **note latest NCMP data**

Dr Jane Horne

Consultant in Public Health

January 2014

Programme / activity	Key milestones	Progress	Issues and risks	Impact
NHS HEALTH CHECKS				
Outreach service for seldom heard groups and areas of high need	<p>Oct 2014: Prior Information Notice</p> <p>Nov/Dec 2014: Supplier event</p> <p>Jan 2015: Go to market with framework and contract</p> <p>Apr 2015: Go live with service</p>	<p>Part of community provider framework</p> <p>In discussion with providers we plan for phased approach with this as first element</p>	<ul style="list-style-type: none"> As this is part of a broader framework and we need to support current providers in change to this new contract mechanism this may delay overall process 	<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>Jan 2015: Go to market with framework</p> <p>Sep 2015 (latest): Go to 'framework approved providers' with contract</p>	<p>Part of community provider framework</p> <p>Discussion with current providers indicates need for further engagement in developing this contract mechanism</p>	<ul style="list-style-type: none"> Current providers may disengage. Current contracts will be extended for 6 months (to Sept 2015) to engage further, with potential to extend for further 6 months to enable phased implementation. 	<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>Apr 2014: New contract issued with single price for pharmacies, and updated service spec for GPs.</p>	Contracts signed	<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>Feb 2014: Communications plan with clear costed activity in priority areas</p>	Campaigns and targeted activity have taken place	<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.

Programme / activity	Key milestones	Progress	Issues and risks	Impact
SMOKING CESSATION AND TOBACCO CONTROL				
Co-commission maternity services relating to smoking in pregnancy	Oct 2014: commence new service across all 3 Trusts	Contract variation agreed Implementation in progress	<ul style="list-style-type: none"> All contract variations through NHS contracts joint with CCG delayed Intention now is to commence service from March 2015. 	<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	2014: 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	Apr 2014: 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.

Programme / activity	Key milestones	Progress	Issues and risks	Impact
DRUGS AND ALCOHOL				
Review & re-procure inpatient detoxification services	<p>Dec 14 –Jan 15: Communicate plan</p> <p>Jan 2015: Go to market with framework and contract</p> <p>Apr 2015: Go live with new service</p>	<p>Framework live from January</p> <p>Ongoing work around implementation</p>	<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>Sep-Dec 2014: Consultation and engagement to inform future direction</p>	<p>Following initial review decision to change commissioning arrangements as part of full service re-procurement for April 2017.</p>	<ul style="list-style-type: none"> • Different arrangements across pan-Dorset 	<ul style="list-style-type: none"> • reduced harm to service users from their drug misuse.
Review of Drugs and Alcohol Commissioning Arrangements	<p>Oct 2014:Review complete</p> <p>Nov 2014 – Apr 2015: Implementation of preferred option</p>	<p>Business case to JPHB Feb 2015</p>	<ul style="list-style-type: none"> • Complex change management may be required 	<ul style="list-style-type: none"> • Efficiency and clarity of future arrangements
WEIGHT AND PHYSICAL ACTIVITY – NOW INCORPORATED UNDER INTEGRATED HEALTH IMPROVEMENT SERVICES				

Programme / activity	Key milestones	Progress	Issues and risks	Impact
SEXUAL HEALTH				
Sexual Health Service Review	<p>Summer 2014: Develop commissioning intentions</p> <p>Autumn 2014: Initial supplier event to shape model for Dorset</p> <p>Winter 2015/16: Go live with new contract</p>	<p>Second Supplier event held January 2015</p> <p>Update to JPHB February 2015</p>	<ul style="list-style-type: none"> • Provider co-operation and engagement with new model • Maintenance of service stability and quality 	<ul style="list-style-type: none"> • Greater integration across services • Increased value for money
CHILDREN AND YOUNG PEOPLE				
Review of public health nursing offer to school age children	<p>Dec 2014: Needs assessment</p> <p>Feb 2015: Draft report</p> <p>Summer 2015: Develop commissioning intentions and approach</p>	<p>Needs Assessment underway</p> <p>Multi-agency steering group established</p> <p>Draft report in progress</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>Nov 2014: Agree approach at JPHB</p> <p>Nov 2014 – Apr 2015: Work with NHSE and DHUFT on 15/16 contract</p> <p>Oct 2015: Contract novates in line with agreed approach</p>	<p>Approach agreed</p> <p>Regular Transition Steering Group led by NHSE</p> <p>Update to JPHB in February 2015</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

Programme / activity	Key milestones	Progress	Issues and risks	Impact
INTEGRATED HEALTH IMPROVEMENT SERVICES				
Single point of access for all enquiries and referrals	<p>Oct 2014: Start tender process</p> <p>Apr 2015: Go live with new single point of access</p>	<p>Contract awarded</p> <p>Ongoing work on preparation for go live</p>	<ul style="list-style-type: none"> • Delays in implementation • Limited engagement and referral into the service 	<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>Oct2014: Brief interventions for healthy choices, smoking cessation, physical activity and alcohol in scope as part of integrated health improvement services</p> <p>Apr 2015: Go live with new contract and <i>phased</i> implementation of brief interventions</p>	<p>Phased approach part of go live discussions for Hub</p>	<ul style="list-style-type: none"> • Delays in implementation • Limited engagement and referral into the service 	<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

Programme / activity	Key milestones	Progress	Issues and risks	Impact
Develop consumer insight	<p>Jan 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>	<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>Apr 2014: 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>Apr 2014: 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.

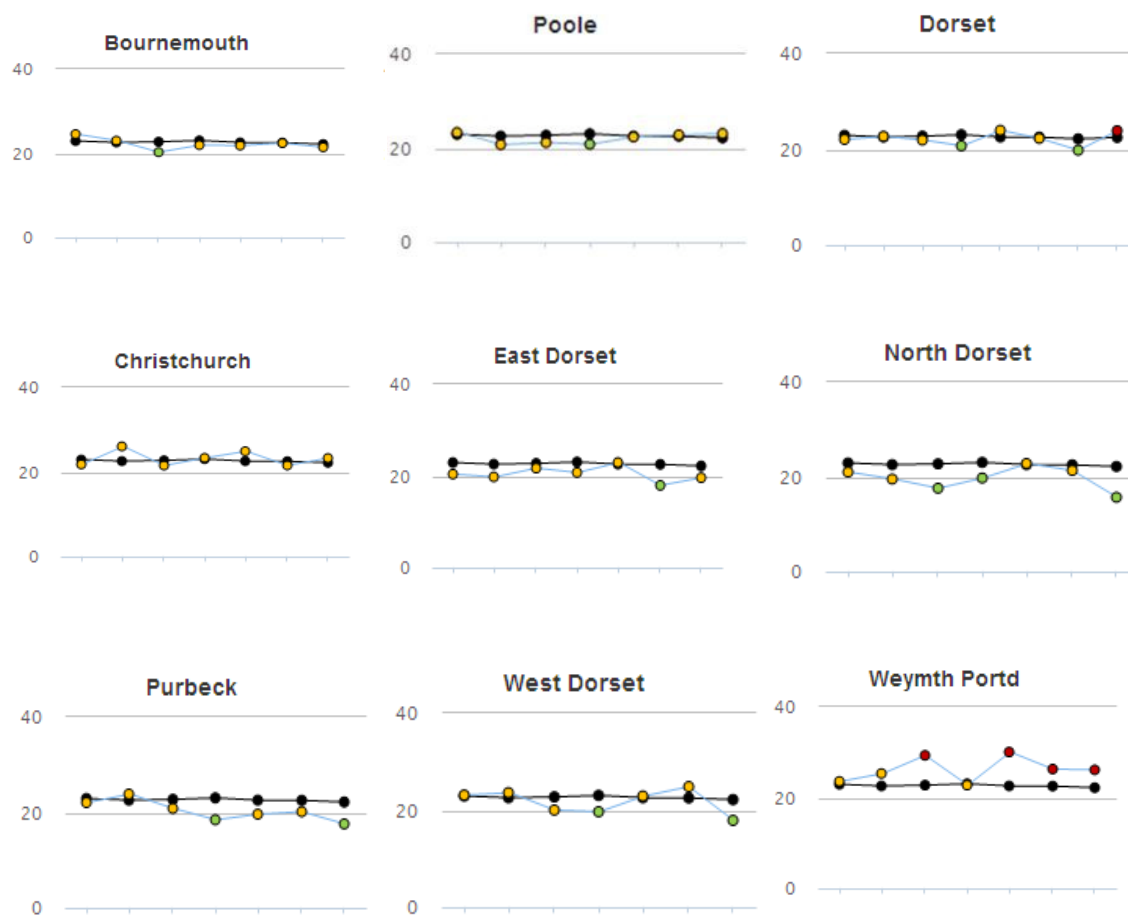
Green – complete

Amber – in progress, on track

Red – behind schedule

APPENDIX 2

Reception Year – Prevalence of overweight (including obesity) trend 2006/7 to 2013/14*



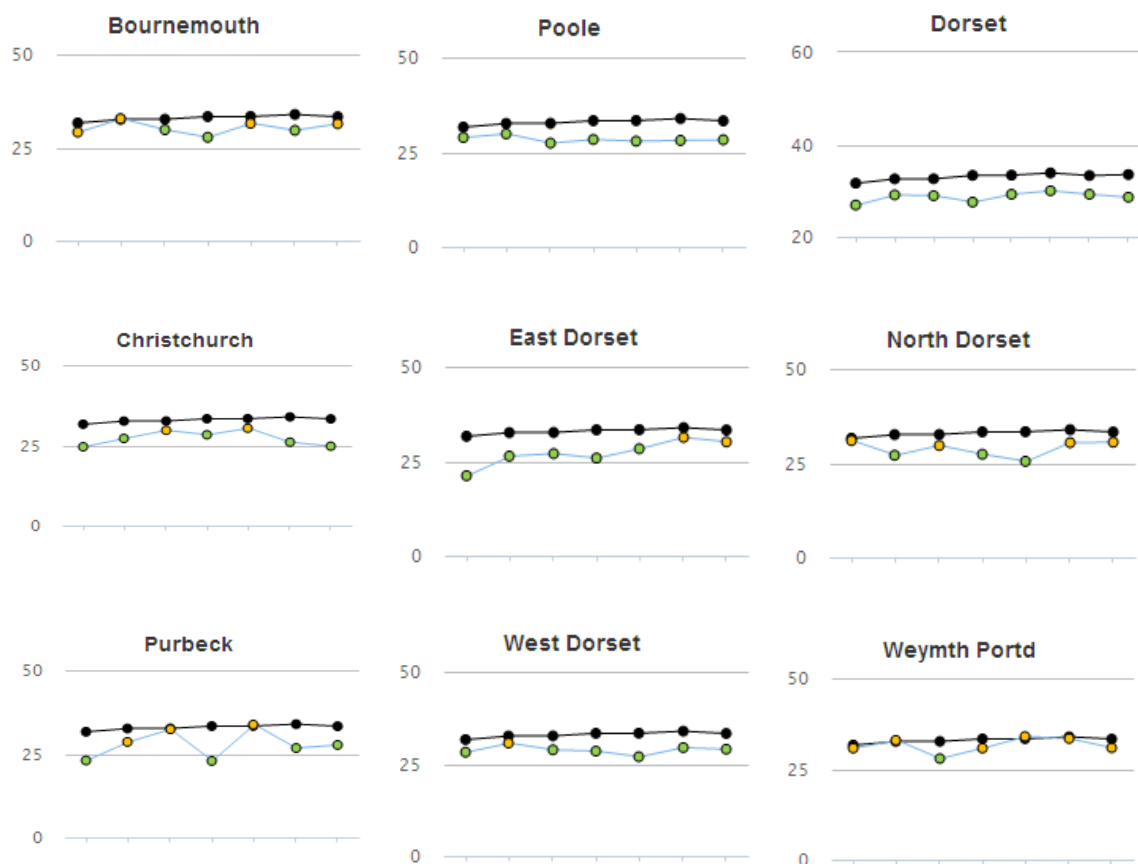
*districts to 2012/13 only

2013/14 Reception Year Prevalence data

Area	Overweight (including obesity)	Obesity
ENGLAND	22.6%	9.5%
SOUTH WEST	23.6%	9.3%
Bournemouth	21.8%	9.0%
Poole	21.6%	8.8%
Dorset	23.9%	9.4%
Christchurch	26.3%	9.8%
East Dorset	22.3%	8.8%
North Dorset	21.6%	7.8%
Purbeck	20.1%	7.9%
West Dorset	24.6%	9.9%
Weymouth and Portland	27.8%	11.6%

APPENDIX 2

Year 6 – Prevalence of overweight (including obesity) trend 2006/7 to 2013/14*



*districts to 2012/13 only

2013/14 Year 6 Prevalence data

Area	Overweight (including obesity)	Obesity
ENGLAND	33.5%	19.1%
SOUTH WEST	31.0%	16.7%
Bournemouth	30.2%	15.0%
Poole	30.1%	16.4%
Dorset	28.6%	15.2%
Christchurch	24.8%	17.1%
East Dorset	30.2%	13.2%
North Dorset	30.6%	15.0%
Purbeck	27.7%	14.3%
West Dorset	29.1%	14.2%
Weymouth and Portland	30.9%	18.8%