

Agenda Item:

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Joint Public Health Board

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

Date of Meeting	20 July 2015
Officer	Director of Public Health
Subject of Report	2015/16 Commissioning Plan Update
Executive Summary	<p>This paper provides brief updates on specific developments since the Joint Public Health Board in February, highlighting areas of continued focus, picking up on emerging issues and making specific proposals for future action.</p> <p>The paper covers two areas of work:</p> <ol style="list-style-type: none"> 1. Developing a holistic approach to supporting lifestyle changes (stopping smoking, drug and alcohol misuse, eating more healthily and taking more exercise) <ul style="list-style-type: none"> • progress implementing the newly commissioned holistic health improvement service for all Dorset residents, LiveWell Dorset • work in priority neighbourhoods to increase engagement with health improvement services • progress to date in developing a health and wellbeing toolkit to improve links between community and voluntary sector organisations and the new service. 2. Drugs and Alcohol Update <ul style="list-style-type: none"> • Implementation of revised drug and alcohol governance and commissioning arrangements • Residential (Inpatient) Detoxification services
Impact Assessment: <i>Please refer to the protocol for writing</i>	<p>Equalities Impact Assessment: Full equalities impact assessments were carried out during the procurement of the new holistic health improvement service, and the residential detoxification services.</p>

<i>reports.</i>	<p>Use of Evidence: The commissioning development update makes use of:</p> <ul style="list-style-type: none"> • Internal performance monitoring information
	<p>Budget: Budget implications of the holistic health improvement service and residential detoxification services have been considered previously by the Joint Public Health Board.</p>
	<p>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> <p>Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications</p>
Recommendation	<p>That the Board review and comment on the progress that has been made on the:</p> <ul style="list-style-type: none"> • Holistic health improvement service • Drugs and Alcohol work programme
Reason for Recommendation	<p>To update and assure the Board on progress.</p>
Appendices	<p>Appendix 1 LiveWell Dorset Performance Data for April and May 2015</p>
Background Papers	<p>Previous JPHB papers</p>
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1. Background detail

Developing a holistic approach to supporting lifestyle changes (stopping smoking, drug and alcohol misuse, eating more healthily and taking more exercise).

- 1.1 Despite increasing levels of investment in 'health' services in England, a major report on the total burden of disease and disability experienced by people in England found that not enough progress had been made in reducing early deaths from chronic disease compared with 15 EU countries over the past decade or so.
- 1.2 Many of the diseases contributing to this burden of disease are driven by four or five so-called lifestyle risk factors that health improvement services aim to help people change – being sedentary, drinking too much alcohol, smoking tobacco and having a poor diet – linked with excess weight.
- 1.3 Not all of these risk factors are evenly distributed in populations in Bournemouth and Poole, and there are generally higher levels of adults requiring help and support in the more deprived areas of the conurbation compared with less deprived areas.
- 1.4 When public health transferred from the NHS to Councils there was the opportunity to review how these services were provided. The challenge was to re-design services so that these are more welcoming and non-judgemental, encourage a much greater emphasis on ensuring people are supported to make lasting changes, increase the scale and impact of health improvement advice by reaching more people, and to provide better data demonstrating actual change over the longer term. A new customer focused model was developed, including much more emphasis on single point of contact, supported by better communications and marketing of the service.

2. Achievements to date

- 2.1 During 2014/15 work has focused on designing the new service, engaging potential providers, engaging with residents to better understand needs, creating the right conditions within the wider health improvement system for change, and tendering for the new service.
- 2.2 A series of engagement and consultation exercises, sponsored by both Health and Wellbeing Boards in Dorset, was carried out during 2014/15. The output from these exercises with the public and referring professionals was used in the design of the new service specification.
- 2.3 The newly designed service was successfully tendered in January 2015, and a new provider appointed to run the service. The service, LiveWell Dorset, went live on 1 April 2015 and is offering behaviour change support in four clear pathways: smoking, physical activity, healthy weight and reducing alcohol.
- 2.4 Rather than seeing specialist advisors in separate services tackling these health improvement issues, residents now see generic health improvement specialists who take more of a psychologically based approach to behaviour change, no matter what the issue is. This holistic approach is designed to work with individuals and take account of their needs and personal issues, rather than offer a one size fits all approach. The services is also developing expertise in delivering advice to improve wellbeing, using the New Economics Foundation 5 Ways to Wellbeing framework.

- 2.5 In addition to the development and commissioning work carried out to procure the new health improvement service, work has been going on under the auspices of the Health and Wellbeing Board to better engage with the Community and Voluntary Sector around health improvement and prevention.
- 2.6 In November 2013 it was agreed that public health would work with the Council for Voluntary Services in Bournemouth and Poole to develop a specific project focusing on the development of a health and wellbeing framework for the VCSE in Bournemouth and Poole, and how the sector could more closely support the work of the new Health Improvement Hub. The project has four key outcomes:
- to understand the contribution that VCSE organisations are making to health and wellbeing;
 - build capacity in the sector by supporting new and existing organisations and activities to develop;
 - support those working in the field to better measure the impact they are having on wellbeing and health outcomes;
 - to begin to build a relationship and referral mechanism between the VCSE sector and the new health improvement hub.
- 2.7 The project is now drawing to a close, following a number of successful network events which have engaged more than 100 separate organisations. Work will now focus on developing a toolkit to support organisations to work more closely with LiveWell Dorset on health improvement issues, and includes a training and development programme to build capacity within the sector to be able to start the process of behaviour change, working with LiveWell Dorset.
- 2.8 As the new service has started, much of the work is now focused on ensuring good mobilisation for the service, and continuing the communications and engagement work with professionals and key referrers. More than 50 meetings and participation and public or professional events have been scheduled in the next 3-6 months to assist with the embedding of the service and raising its profile.
- 2.9 These meetings include GPs, pharmacists, acute trusts, community facing local authority services such as libraries and key front line workers, local employers and businesses, community and voluntary sector networks, and groups in priority neighbourhoods such as West Howe and Boscombe.

3. Measuring impact and progress

- 3.1 Progress on measuring the impact of the new service will be assessed on a quarterly basis through contract monitoring meetings, and against the performance and activity indicators as set out in the contract. The baseline figures for the number of Dorset residents taking up health improvement services in 2014/15 will be used as a benchmark. This showed that around 3,000 people used smoking cessation services across Dorset, 2,000 were offered a brief intervention to reduce their drinking [no outcome or follow up data available] and around 2,500 people were referred for healthy weight interventions [1,400 enrolled, 1,000 completed].
- 3.2 A feature of the contract is that about one-third of payment for the service will be based on evidence of engagement with people living in the most deprived areas of Dorset, Bournemouth and Poole. This will be monitored through the contract to ensure the new service is working hardest in the areas of greatest need.

- 3.3 Very initial data back from the first month of service (April to May 2015) suggests that this approach is working, with 145 of 301 active engagements resident in the most deprived areas.
- 3.4 The service will be subject to evaluation as it develops to ensure that learning is captured, and that the approach to behaviour change is resulting in demonstrable changes over the longer term. University College London has expressed interest in leading on an academic programme to research the service model, and Optum the service provider is also committing resources to evaluate the service to measure its effectiveness.

4. Focus for 2015-16

4.1 The work programme for 2015-16 will focus on the following key issues:

- Evaluating the service to ensure that it is achieving positive changes in the most deprived areas
- Improving the links between the NHS Health Checks programme and people at high risk offered support by LiveWell Dorset
- Continuing the work with the voluntary and community sector to build two-way relationships between communities and the service
- Developing the skills and abilities of the LiveWell Dorset workforce, and their community colleagues – this includes developing more of an on the ground presence in communities
- Ensuring the service is seen as the first choice for behaviour change support in Dorset, and used by people via the wider health and care system including acute trusts, local employers, local authority services.

5. Conclusion

- 5.1 The work to transform the health improvement system and create a more holistic approach to tackling unhealthy lifestyles has made major steps forward in the past year, especially in the identification of a high quality service provider for the newly designed offer.
- 5.2 There is further work to do to ensure that the new service is recognised as just one part of the wider health improvement system, including ensuring the community and voluntary sector play an increasingly visible and measurable role in supporting people to be healthier. Evaluation and monitoring of the data coming back from the service will also be important in the next year's plans.
- 5.3 Finally, a real challenge is to 'join' up the NHS Health Check with support from LiveWell Dorset – nationally there is a very low conversion from health check to health improvement support of around 6%. The ambition would be to at least double this in the next 2-3 years, aiming for a potential 20,000 people supported by the service each year.

Sam Crowe
Assistant Director of Public Health
July 2015

Appendix 1

LiveWell Dorset Performance Data for April and May 2015

Individual patients by pathway

Pathway	April	May
Healthy Weight	293	339
Smoking	113	10
Alcohol Reduction	1	51
Physical activity	8	98
Total	415	498

Referrals by quintile

LSOA IMD Group	April	May
Top 20 percent most deprived	72	142
Top 20 to 40 percent most deprived	68	116
Middle 40 to 60 percent	51	94
Top 60 to 80 percent most affluent	47	71
Top 80 to 100 percent most affluent	27	60
Not Applicable	9	15
Grand Total	274	498

Referrals by locality

Local Authority	April	May
Bournemouth	77	138
Christchurch	14	28
East Dorset	22	52
North Dorset	16	38
Poole	65	95
Purbeck	19	30
West Dorset	22	67
Weymouth and Portland	30	35
Not Applicable	9	15
Grand Total	274	498

Drugs and Alcohol Commissioning Update

Implementation of revised governance and commissioning arrangements

1. Background

1.1 In February 2015, the Joint Public Health Board approved a business case to amend the historic arrangements for the commissioning of drug and alcohol services across Bournemouth, Dorset and Poole.

1.2 The business case included two key elements of change:

- The development of a pan-Dorset governance arrangement
- The enhancement of the pre-existing role of Public Health Dorset to provide a more efficient way of delivering some of the key functions including:
 - undertaking pan-Dorset needs assessment
 - setting clinical standards and monitoring quality
 - data management and performance

2. Progress to date

2.1 The Pan-Dorset Drug and Alcohol Governance Board has now met on two occasions and includes representation from the three local authorities, Dorset CCG, Dorset Police, probation services, the Office of the Police and Crime Commissioner, Public Health England, service users and Public Health Dorset.

2.2 The Board has agreed terms of reference, and is focusing on how to most effectively deliver on its roles and responsibilities working with other strategic groups as well as with the commissioning structures. A pan-Dorset work plan is in development, and the Board has agreed proposals around performance reporting arrangements, and the development of Pan-Dorset Drug and Alcohol Strategies.

2.3 The meeting structures to support the local authority commissioning arrangements have been rationalised to reduce duplication and to limit the impact on officer time. Commissioning staff within Public Health Dorset and the three local authorities continue to work closely to address operational commissioning issues. Two staff have now transferred from local authority commissioning teams to Public Health Dorset and the final vacancy has been filled with the expectation that this staff member will join the team in September/October 2015.

Residential (Inpatient) Detoxification services

3. Background

3.1 In May 2014 the Joint Public Health Board agreed a change to the historic arrangements for the commissioning of residential (inpatient) detoxification services for Bournemouth, Dorset and Poole. This involved decommissioning the existing block contract with Dorset Healthcare and moving to a spot purchasing arrangement using an electronic framework approach.

4. Progress to date

- 4.1 The electronic framework was implemented from the 1st April 2015. All providers must be based in the South of England and the quality of individual service providers will be monitored by Public Health Dorset through the routine performance data that they are required to provide within the service specification.
- 4.2 In quarter 1 eight eligible providers were agreed through the electronic framework. The providers have now been given the opportunity for the second round of the electronic framework to update prices for quarter 2. Two providers have not signed up within the framework for quarter 2, but an additional two providers have successfully met the criteria and will therefore be included on the list of approved providers from 1st July. Visits to check that providers are able to meet the requirements of the service specification have been completed with providers agreed in the first round, and visits to the newly agreed providers will be completed in the next few weeks.
- 4.3 The processes for approving residential placements have been strengthened and all potential placements are now considered through a treatment system multi-disciplinary team (MDT) discussion to agree how the needs of an individual service user can be best met. No service user is refused a detoxification where the MDT feels that this is the appropriate treatment – the discussion is focused on deciding whether the needs can be met in a community setting or only in a residential setting.
- 4.4 Service users are then matched to the most appropriate residential provider based on their needs, preferences and the cost. A new travel policy has been implemented to ensure that service users are not disadvantaged financially in circumstances where they are unable to fund travel costs.
- 4.5 In terms of activity, during the first quarter of 2015/16 38 placements have been agreed through the MDT meetings in Bournemouth, Dorset and Poole.
- 4.6 Plans are in place to evaluate the outcomes of the residential placements at the end of quarter 2 to ensure that effective outcomes are being maintained. To date, residential treatment completion remains high and is comparable to the 85% target achieved historically by Dorset Healthcare. A feedback form from service users has recently been implemented to assess their experience of individual service providers.
- 4.7 With the changes to commissioning, from 1st April Public Health Dorset has inherited the responsibility and budget required for the development of the Recovery Hub planned for Weymouth. The purchase and renovation of a building is being funded from a capital allocation of £620,000 from Public Health England and the revenue costs, previously agreed within Dorset County Council, will be funded from what was the Dorset Pooled Treatment Budget. When implemented, this unit will provide an additional useful local resource for the provision of detoxification for low risk service users who do not have adequate levels of social support within the community to make a community detoxification a safe option.