

Joint Public Health Board

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

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| Date of Meeting | 19th November 2018 |
| Officer | Acting Director of Public Health |
| Subject of Report | Health Improvement Services Performance Monitoring Report |
| Executive Summary | <p>This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks and children and young People performance, with supporting data in appendices.</p> <p>A report on Health Improvement services performance will be considered every other meeting.</p> |
| Impact Assessment: | <p>Equalities Impact Assessment: Equality impact assessments are considered as part of the commissioning of our clinical treatment services.</p> |
| | <p>Use of Evidence: This report has been compiled from a range of local and national information, including NDTMS, PHOF and other benchmarking data where possible.</p> |
| | <p>Budget: Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements. None of these contracts currently includes any element of incentive or outcome related payment, however good performance will ensure that we achieve maximum value from these contracts.</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</p> |

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| | <p>as:</p> <p>Current Risk: LOW Residual Risk LOW</p> |
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| <p>Recommendation</p> | <p>The Joint Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people’s services.</p> |
| <p>Reason for Recommendation</p> | <p>Close monitoring of performance will ensure that health improvement services deliver what is expected of them and that our budget is used to best effect.</p> |
| <p>Appendices</p> | <p>Appendix A: LiveWell Dorset, Weight Management and Smoking Cessation performance report Appendix B: Health Checks performance report</p> |
| <p>Background Papers</p> | |
| <p>Report Originator and Contact</p> | <p>Name: Sophia Callaghan, Assistant Director of Public Health Public Health Dorset Tel: 01305-225887 Email: sophia.callaghan@dorsetcc.gov.uk</p> |

1. Background

- 1.1 At the Joint Public Health Board in June it was agreed that the future Governance functions for Drugs and Alcohol would be carried out by the Joint Public Health Board. The principal function is monitoring of performance, and the Board requested a report every six-months. This started in September where the Board reviewed the Clinical Treatment services performance.
- 1.2 Given this request, it seemed timely to review our overall approach to performance monitoring, with regular reports focusing on our other high value contracts in turn. This report provides an overview of health improvement services and children and young people (0-19) services.
- 1.3 Alongside this the Board will also receive regular updates against the 2018/19 Business Plan to monitor progress against agreed deliverables.

2. LiveWell Dorset

- 2.1. The LiveWell Dorset service is a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol. It has supported over 20,000 people, engaging those most in need in help, and has recently launched a suite of additional digital options which complement the telephone advice and coaching.
- 2.2. LiveWell Dorset was initially a commissioned service, provided by Optum for 3 years. In April 2018 the service was successfully transferred in-house and has since been directly delivered as part of the Public Health Dorset offer. Directly delivery of the service has accelerated the development of key technological innovations, strengthened capacity at no additional cost, and has improved the alignment of the service with key Prevention at Scale objectives in the Integrated Care System.
- 2.3. Service activity has steadily increased in the last 3 months with continued strong engagement in the most deprived communities. This has been driven by improved marketing, successful launch of the new digital platform (3,000 visitors per month) and greater efficiencies which has increased frontline delivery capacity. Client reported outcomes data shows that around 75% of individuals are supported to make positive changes to behaviour such as stopping smoking, losing weight and becoming more active. More needs to be done to improve the capture of follow-up data at 3, 6 and 12 months. More detail on the latest performance data is available in appendix 1.

3. Weight Management Services

- 3.1. The rate of adults that are overweight and obese has risen sharply in recent years and is projected to continue to do so. High body mass index (BMI) is now the leading cause of morbidity in England – having overtaken smoking. Public Health Dorset commissions weight management services for people with a BMI of 30+. This is delivered by national providers – Slimming World and Weight Watchers – as well online provision by Rosemary Conley. LiveWell Dorset provides access to these services, delivers concurrent behaviour change support, and monitors outcomes over time.
- 3.2. The current services have been in place since May 2017 at a cost of £175,000 per year and are due to expire 30th April 2019. Performance monitoring of the contracts demonstrate that provision is considered to be high quality and effective in respect of

the number of individuals achieving targeted weight loss and in engagement of individuals residing in areas of greater deprivation. More details on the latest performance data is available in appendix 2.

- 3.3. Comparisons of the current provision with other services across the South West region suggests that it is effective, efficient and comparatively equitable. The commissioning intention is therefore to renew similar services albeit with some minor change to further improve efficiency and equity. Changes include a better digital offer, modifying the payment structure to reduce wastage, and improved marketing to under-represented groups.

4. Smoking Cessation

- 4.1. The prevalence of smoking continues to decline locally as it does nationally. This is driven by more people successfully quitting, fewer young people taking up smoking and a greater switch in use towards vaping products. Despite the gains being made, smoking remains the second leading cause of morbidity and early death.
- 4.2. Public Health Dorset commissions smoking cessation services to support people with psycho-social, behavioural interventions alongside Nicotine Replacement Therapy (NRT) or pharmacotherapy (Champix). This provision is supported by NICE as the most effective and efficient treatment available. Local services are provided by GPs, pharmacies and LiveWell Dorset to ensure that provision is accessible.
- 4.3. Access to services is good. The number of people accessing local smoking cessation services has increased, in contrast with national trends, and despite falling numbers of smokers. Services are also engaging a higher than average number of people from deprived communities. The rate of successful quitters is lower than the national average and has fallen in recent years so this remains the key performance challenge. Audit work has revealed that this may be due to delays in providers reporting data but more work needs to be done to explore this. Despite a low rate of success, locally there is an increasing number of successful quitters over recent years, compared with a decline nationally. More details on the latest performance data is available in appendix 3.
- 4.4. Recommissioning of current smoking cessation services is focused on growing provision in underrepresented areas, restructuring the payments to providers to ensure greater efficiency, improving success rates by providing better integration of community GP and pharmacy services with LiveWell Dorset, and improving data reporting processes.

5. Health Checks

- 5.1. Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act. One of the consequences of local authority commissioning of the programme is that the way in which NHS Health Checks are procured is subject to Public Contract Regulations 2015.
- 5.2. As reported to the Board in a separate paper in September, current performance for delivery of NHS Health Checks remains variable across Dorset. As part of the programme mandate, Public Health England (PHE) requires Local Authorities to report the percentage of the eligible population invited and checked each quarter. Dorset, Bournemouth and Poole are currently ranked among the lowest of all local authorities (141, 148 and 133th respectively of 152 LAs).

5.3 In 2016/7 the programme across Dorset recorded 7,898 checks delivered overall and in 2017/8 there were 7,407 checks delivered. The PHE expectation for the financial year 2016/17 was to invite 46,456 people and deliver 23,228 checks, and for 2017/8 it was to invite 47,325 and deliver 23,663 checks. A breakdown of specific activity broken down by GPs and by pharmacy was outlined in the September Board paper and an overview is given in the data performance appendix.

5.4 The current contracts will end 31 March 2019. The total value of the health check budget for 2019/20 has been set at £600,000. This would enable up to 15,000 checks to be delivered each year, allowing for additional costs of invitations. While not meeting the national expectation of 23,000 checks delivered each year, achieving this number would be a significant improvement on the current position. This budget figure and to procure and award an AQP model was agreed by the Board in September

6. Children and Young People’s Public Health Nursing Services (0 – 19 years)

6.1. Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver comprehensive services for children, young people and families.

7. Main changes to commissioning/service

7.1. The Joint Public Health Board in June 2018 approved the recommendation to develop a procurement strategy for developing a Public Health Nursing (0 – 19) Pan-Dorset Service. Initial Market Consultation and Stakeholder Consultations have taken place over the summer 2018 and have been invaluable to developing both an effective procurement approach and proposed service model. Public Health Dorset are working with partners in the three Local Authorities, CCG and NHSE to develop the final service specification.

8. Summary of performance

8.1. The Health Visiting service in Bournemouth, Poole and Dorset is high performing when compared with other services in England. Overall, parents and carers express high levels of satisfaction with the service including consistent messages, having the right information to hand, and knowing where to access the service.

| | Pan-Dorset |
|---|------------|
| Percentage of all births that receive a face to face NBV within 14 days by a Health Visitor | 90% |
| Percentage of children who received a 6-8 week review by the time they were 8 weeks. | 96% |
| Percentage of children who received a 12-month review | 97% |
| Percentage of children who received a 2-2½ year review | 97% |

Table 1. Performance on mandated checks, quarter 1 (2018/19).

- 8.2. The **School Nursing** service have successfully implemented key changes proposed through the review. Young people express positive experiences of the service, specifically the CHAT Health Text Service.

| | Bournemouth | Poole | Dorset |
|--|-------------|-------|--------|
| Number of children and young people supported by universal services by Bournemouth, Poole and Dorset | 23558 | 18857 | 58445 |
| Number of children and young people supported at universal plus services by Bournemouth, Poole and Dorset | 239 | 131 | 259 |
| Number of children and young people supported at universal partnership plus services by Bournemouth, Poole and Dorset | 13 | 2 | 21 |
| Number of children and young people supported at universal partnership plus statutory services by Bournemouth, Poole and Dorset | 708 | 557 | 1494 |

Table 2. Number of contacts by identified level of need, quarter 1 (2018/19) –

- 8.3. Between 1st April 2018 and 30th June 2018, a total of 465 text messages from young people have been received into the ChatHealth System as set out below:

| Month | No. of ChatHealth Messages Received |
|--------------|-------------------------------------|
| April 2018 | 95 |
| May 2018 | 149 |
| June 2018 | 221 |
| TOTAL | 465 |

- 8.4. The top six reasons young people are contacting the ChatHealth System were:

- Self-harm
- Medical – Other
- Emotional Wellbeing
- Anxiety
- Depression or Low Mood
- Relationships.

9. Conclusion and recommendation

- 9.1. This paper provides a high-level summary in narrative form. Appendices include supporting data and information, with more in-depth information available on request. The Joint Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people's services.

Sophia Callaghan
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November 2018