



JOINT PUBLIC HEALTH BOARD

Date of Meeting: Monday 15th July 2019

Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Health Improvement Services Performance

Lead Officer: Sam Crowe

Executive Summary:

This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks and Children and Young People's Public Health Service (CYPPHS) performance, with supporting data in appendices.

Equalities Impact Assessment:

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

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.

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Other Implications:

N/A

- 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. Direct 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. The first full year of activity under the management of Public Health Dorset saw a record high 6,600 people accessing the LiveWell service. The service has good engagement in the areas of greatest need with 27 per cent of service users living in the 20 per cent most deprived communities. The full launch of the new digital LiveWell offer has led to an average of 8,000 people visiting the website and more than 500 registering online each month. Outcome data suggests the service remains effective. Of those people who report outcomes at 12 months, most sustain positive changes in their target behaviour of smoking (42 per cent quit), weight (57 per cent maintain 5 per cent weight loss), physical activity (67 per cent more active) and alcohol (70 per cent drinking less). More detail on the latest performance data is available in appendix 1.
- 2.4. Key performance indicators (KPIs) for 2019/20 have recently been defined and targets agreed and will be reported on at the next meeting. Work is underway to better understand realistic success rates and will be agreed at the next meeting. Agreed KPIs include:
 - 10,000 people registering per year
 - 25 per cent of registered individuals from deprived communities
 - 25 per cent of registered individuals are men
 - Follow-up rates of 25 per cent at 3 months, 20 per cent at 6 months, and 15 per cent at 12 months
 - 95 per cent of follow-ups have complete assessment data
- 2.5. LiveWell Dorset has recently published their service plan for 2019/20 which can be requested or downloaded as a [pdf document](#) on the Public Health Dorset website.

3. Weight management

- 3.1. Obesity and overweight remains a national and local public health challenge, with around 60 per cent of the adult population affected. Public Health Dorset commissions weight management services for people with a body mass index of 30+. Services are delivered by national providers – Slimming World and Weight Watchers. Access to weight loss services is managed by LiveWell Dorset, which ensures individuals are in receipt of behaviour change support before taking up the service.
- 3.2. Performance of the weight management provision has been consistently strong for a number of years. Stability of provision over a long period of time has

allowed for a real focus on quality improvement. The last full year saw activity pick up in line with the increased activity in LiveWell Dorset and in engagement of individuals residing in areas of greater deprivation remains very positive. Outcomes for individuals accessing provision remain among the highest nationally. More details on the latest performance data is available in appendix 2.

- 3.3. Given that provision has remained effective, efficient and comparatively equitable the recommissioning intention focused on renewing similar services albeit with small changes designed to further improve efficiency and equity. Changes included enhancing the digital offer and changing the payment structure to reduce wastage and better incentivise good outcomes. The procurement was successful and the new services provided again by Slimming World and Weight Watchers commenced from May 2019.

4. Smoking Cessation

- 4.1. Smoking prevalence continues to decline nationally and locally. This is driven by more people successfully quitting, fewer young people taking up smoking and a greater popularity in vaping products. Despite the positive public health gains, 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 have historically been provided by GPs, pharmacies and LiveWell Dorset, which ensures that provision is accessible.
- 4.3. Performance of smoking cessation services in 18/19 has been mixed. Fewer people are accessing smoking cessation services, driven in part by the fall in prevalence and vaping product popularity, although locally a higher proportion of smokers are attempting to quit than nationally. Services also remain effective at reaching individuals from more deprived communities. Numbers of successful quit attempts continues to fall in line with national trends, for the same reasons mentioned above. However, the rate of success during 18/19 remained lower locally than nationally. Further detail is available in appendix 3.
- 4.4. Like with other health improvement contracts, smoking cessation services were recently recommissioned with an intention to improve access, uptake and outcomes. The new services, launched in April 2019, are only just beginning to feed back data so will be a focus for the next scheduled health improvement performance report.

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 2018, current performance for delivery of NHS Health Checks remains variable across Dorset. Performance for 2018/19 across Bournemouth, Poole and Dorset remained among the lowest of all local authorities. More detail is available in appendix 4.

5.3 From April 2019 a new programme of provision was put in place following a successful procurement. GP and pharmacy providers will deliver the new contract and while there are some encouraging early indications of activity, the impact of the new contract will need to be reviewed from the second quarter onwards.

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. Public Health Dorset, working with partners in the prior three Local Authorities, the CCG and NHSE developed the final service specification for a Children and Young People's Public Health Service (CYP PHS, 0 – 19 years) and delivered an effective procurement programme.

7.2. The contract was awarded to Dorset HealthCare and the service will begin on the 1st October 2019. It was evident that staff throughout the service contributed to the successful bid and are all committed to making sure local children have the best start in life and throughout their childhood.

7.3. The CYP PHS remains key to the local delivery of the Healthy Child Programme. The service will focus on evidence-based approaches which prioritise public health outcomes and deliver high value activities to achieve the greatest impact on Children and Young People's long term and life course health outcomes. The service will focus on four key local health and wellbeing priorities:

- reducing smoking, particularly in pregnancy and postnatally
- increasing physical activity
- improving wellbeing and mental health
- ensuring children arrive at school ready to learn and achieve.

7.4. Recognising that families want to be able to find the information and support they need quickly and easily, the service will extend the digital offer by offering advice

by text message, digital consultations and more proactive health promotion online.

- 7.5. The Universal offer for all under 5s will be delivered flexibly based on what each family most needs and taking a whole family approach to health and wellbeing. There will be an additional pre-school health assessment to identify earlier the needs of children who may not be school ready.
- 7.6. Communities are important in supporting children, young people and their families and particularly those provided by Early Years, Schools and other educational settings. The service will work closely with children, young people and settings to identify the most important issues, linking teachers and practitioners with local services who can help to deliver practical support to improve attendance, attainment and wellbeing.
- 7.7. The value and importance of working in collaboration with all stakeholders is recognised. Dorset, Bournemouth, Christchurch and Poole's strong history of partnership working to improve outcomes for children, young people and their families provides a positive foundation. The CYP PH Service will build on our successes and ensure the voice of children and young people can really make a difference to the way services are offered.
- 7.8. The current contract will expire on the 30th September 2019 and until this time operational activities will continue under the existing service specification. The new contract will start on 1st October 2019. Public Health Dorset and Dorset HealthCare senior leaders are working with partners to further define and agree the schedule for mobilisation of the new service. This includes a number of planned meetings and workshops with partners over the coming months to ensure plans are shaped to best meet local needs and align with strategic plans and programmes.

8. Summary of performance for 2018/19

- 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	Q1	Q2	Q3	Q4
Percentage of all births that receive a face to face NBV within 14 days by a Health Visitor	90	91	92	89
Percentage of children who received a 6-8 week review by the time they were 8 weeks.	97	95	96	93

Percentage of children who received a 12-month review	97	96	94	94
Percentage of children who received a 2-2½ year review	97	97	99	99

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

- 8.2. The **School Nursing** service continues to provide a high quality service for young people who 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	24401	18427	58161
Number of children and young people supported at universal plus services by Bournemouth, Poole and Dorset	874	736	1419
Number of children and young people supported at universal partnership plus services by Bournemouth, Poole and Dorset	144	132	505
Number of children and young people supported at universal partnership plus statutory services by Bournemouth, Poole and Dorset	734	555	1637

Table 2. Number of contacts by identified level of need – Quarter 4 (2018/19)

Month	Number of Chat Health Text Messages Received
April 2018	95
May 2018	149
June 2018	221

July 2018	139
August 2018	132
September 2018	78
October 2018	153
November 2018	238
December 2018	116
January 2019	172
February 2019	71
March 2019	188

8.3. The top reasons young people are contacting the Chat Health Service are:

- Sexual Health including risky behaviours
- Body Image
- Self-harm
- Eating issues
- Emotional Wellbeing including anxiety, depression or Low Mood
- Relationships including bullying and family problems
- Stress

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 Public Health 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.

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15 July 2019