

# Community Health Improvement Services

## Supplier Engagement Events

26<sup>th</sup> November, Merley House

1<sup>st</sup> December, The Dorford Centre



# Context

- Public Health transition (April, 2013) mandated programmes inherited from NHS

NHS Health Checks | Drugs and Alcohol | Sexual Health | Health Care Public Health | Health Protection | National Child Measurement Programme | Elements of Healthy Child Programme (2016)

- Public Health Dorset set about reviewing all programmes where they have a direct commissioning responsibility

Effectiveness | Efficiency | Equity

- Key aspect of our review process is gaining insight from providers to inform future options – ‘Supplier Engagement Events’



# Community Health Improvement Services

## 2014-15 Pharmacy Contract

141 x Providers

### *Services*

- Smoking Cessation [87]
- NHS Health Checks [86]
- Supervised Consumption [104]
- Needle Exchange [37]
- Emergency Hormonal Contraception [90]
- Chlamydia Treatment [29]
- Flu vaccinations for local authority staff [MoU]

## 2014-15 GP Contract

95 x Providers

### *Services*

- Smoking Cessation [27]
- NHS Health Checks [92]
- Substitute prescribing & support to drug users [30]
- Long-acting reversible contraception [67]
- Intrauterine contraceptives [58]

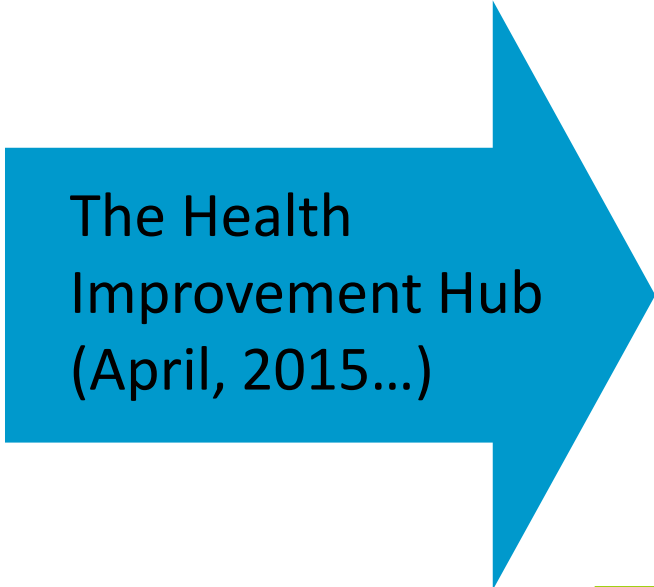
## Other contracts/arrangements

### *Services*


- Weight management [2]




# What else is going on?



The Health  
Improvement Hub  
(April, 2015...)



Drug and alcohol  
treatment services  
(2016/17 onwards...)

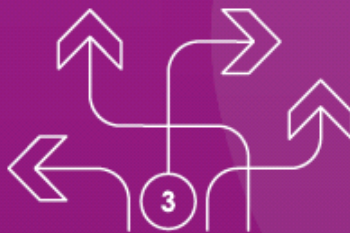
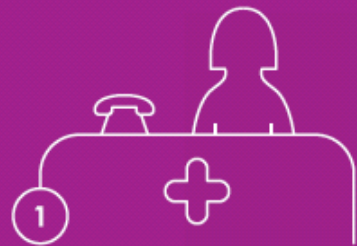


Integrated sexual  
health services  
(January, 2016...)



# Health improvement in Dorset

An integrated lifestyles offer



## The role of the hub

### 1 FIRST CONTACT

Self-referral through telephone  
Public Health Dorset website  
Professional  
Local authority customer contact centres

### 2 ENGAGEMENT

Assessing motivation  
Registering and segmenting  
Gauging support required  
Managing referral to pathways  
Handing back to appropriate community partner

### 3 ACTIVE PATHWAYS

Smoking cessation  
Weight management  
Active Choices  
Physical activity  
Brief interventions for alcohol

### 4 SUPPORT AND MONITOR

Keep in touch following active intervention – call, text, tweet  
Record outcomes and progress  
Engage with ongoing support

# The journey so far...

- Local Enhance Service (LES) agreements between General Practices / Pharmacies and PCTs
- April 2013 LES agreements rolled over to Local Authorities – dubious legal footing
- April 2014 Public Health Dorset established 12-month contracts with GPs and Pharmacies – multiple service specifications
- April 2015 Public Health Dorset plan to roll over current contracts for a further 6 – 12 months whilst establishing new procurements arrangements

NO RUSH



# Why change?

- Maintaining our commitment and spend on community-based services
- Retaining and reinforcing community services whilst addressing the key issues:

VARIATION

EFFICIENCY



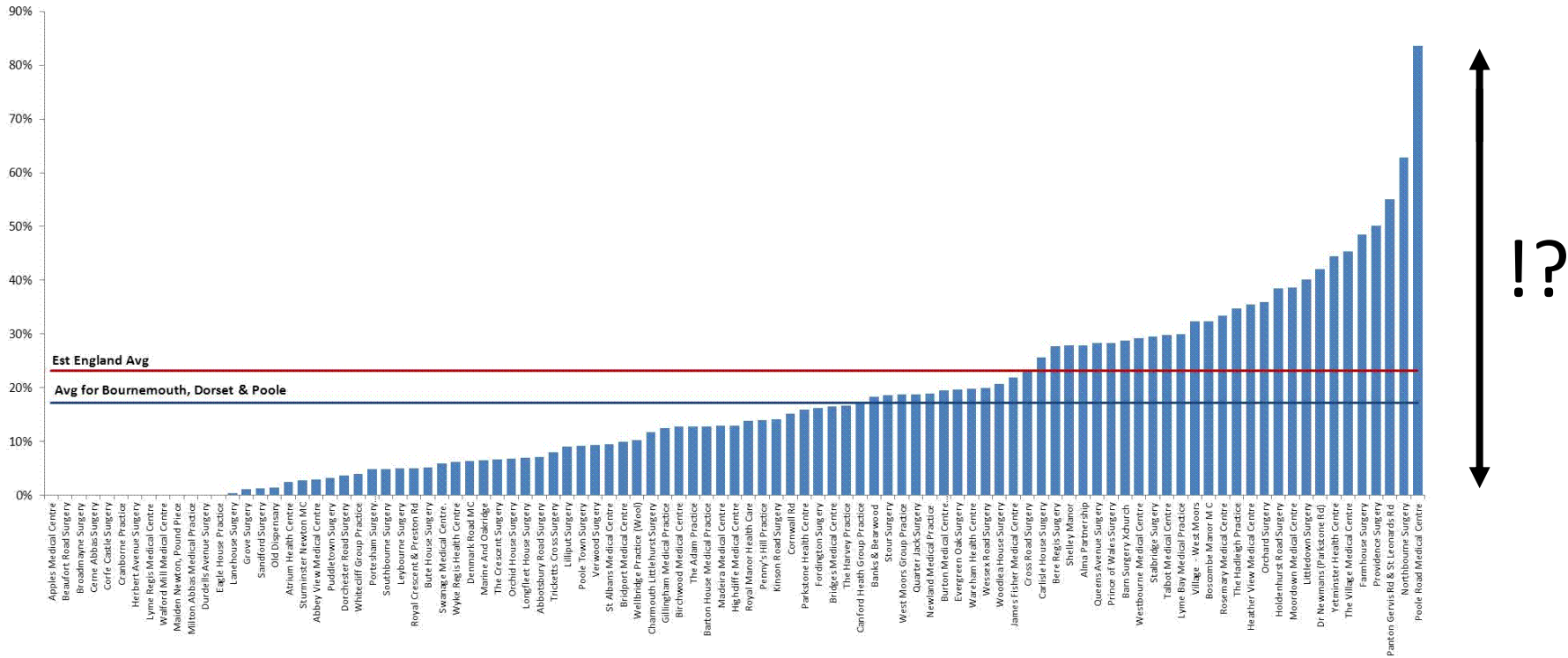
# Variation

Is it planned?

Does it correspond to need?

Have we got the coverage?

Cumulative percentage of target population offered a health check by GP practice.



...and a 20% difference in Health Checks taken up



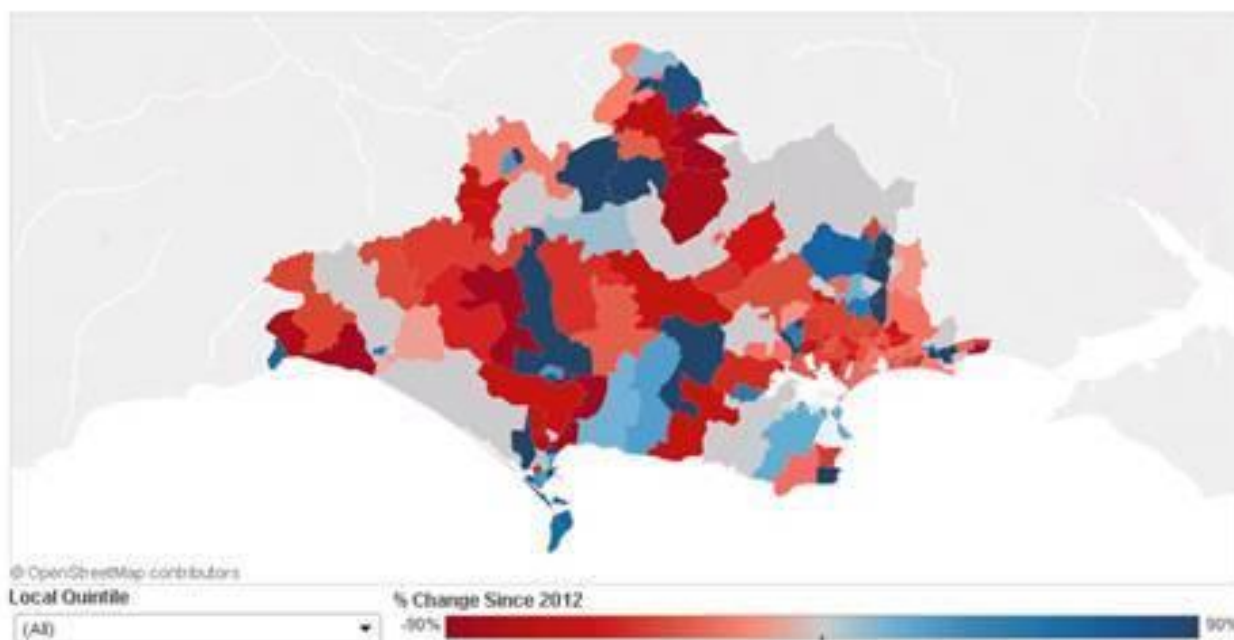


# Smoking Cessation Services in Dorset...

Navigation menu with five items: Prevalence rates declining, Steep drop in the uptake of services since 2012, Where have the greatest reductions in uptake been seen?, Has the growth in e-cigarettes had an impact?, and Quit success.

## Reductions in uptake by ward.

Given the decline in the level of uptake both nationally and locally between 2012 and 2014, the % drop uptake has been mapped to identify any patterns across Dorset. This could reflect local operational decisions in the design of services or may be attributed to a shift in people accessing other forms of smoking cessation. To add some context, recently opened vapour stores have been added.



Note: The population within wards in Dorset vary between urban and rural areas and therefore percentage changes can be misleading. Hover the mouse over each ward to understand the context of this change, i.e. actual 2012 to 2014 uptake figures. Grey areas denote suppressed data whereby numbers for either 2012 or 2014 fall below 5.



# Efficiency

## Current arrangements

- 236 providers
- Total annual spend £1.2 million
- Average spend per contract £5,000
- Average spend per service £1,650

Staffing | Training | Contract monitoring | Administration

Uncertainty of 12-month contracts



# What should the future look like?

- Equitable approach to commissioning services on a geographical basis
- Longer contracts – greater certainty (investment/sustainability)
- Greater flexibility to respond to unplanned variation
- Improved audit, monitoring and payment – electronic solutions
- Efficient procurement that is open and fair to all providers, whilst clearly specifying the essential requirements of services
- More collaboration

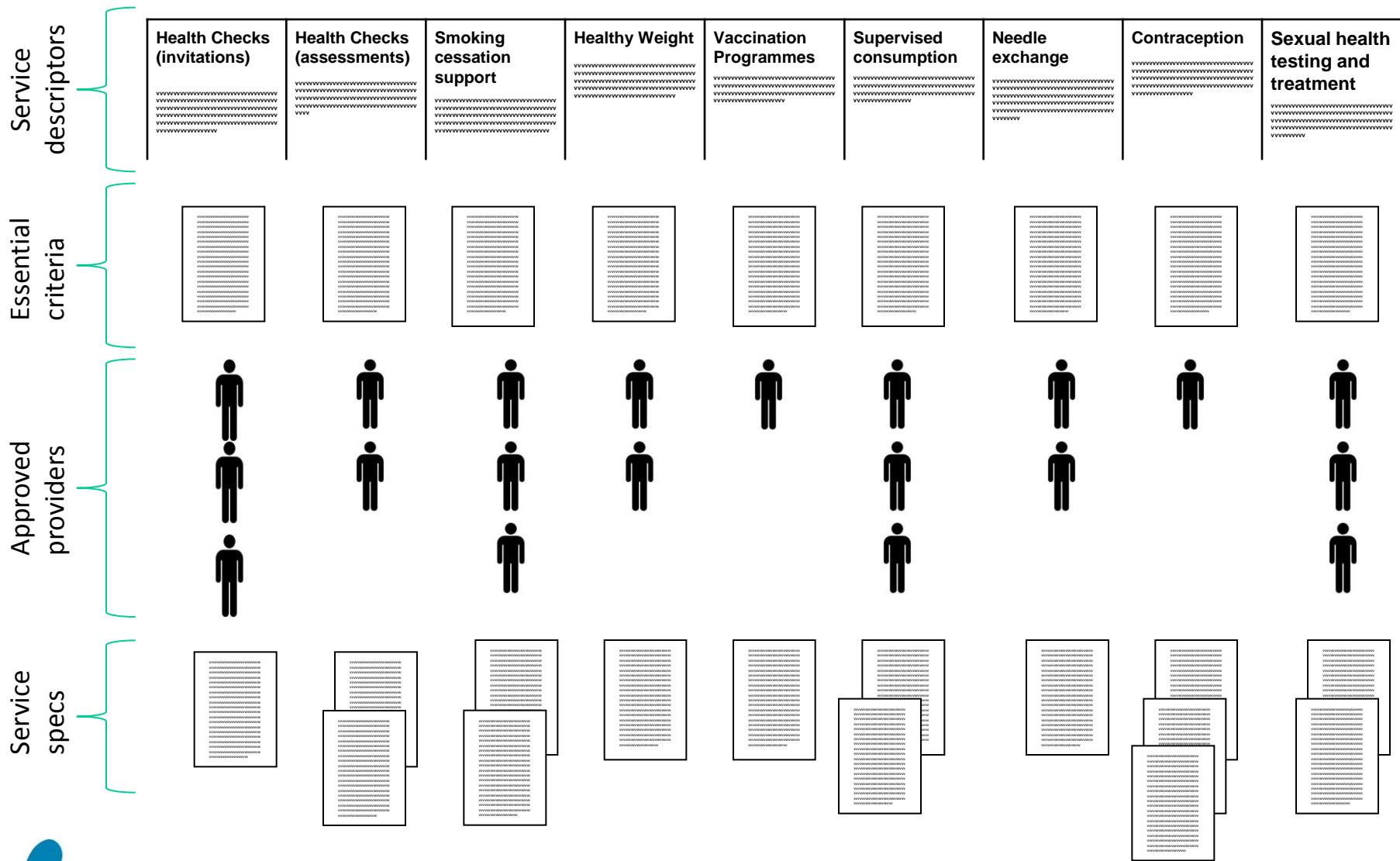


# A suggested model for discussion...

- New method of procurement
- Pre-qualification process – generating an approved list of providers
- 3-year agreements
- Also has flexibility to innovate through shorter-term specifications (growing the best models of care)
- Organised around the needs of local communities – supportive of the locality approach



# Community Health Improvement Services



# Next steps

- Questions | initial thoughts
- Group discussion
- Feedback form
  
- Registration on Pro-Contract
- All information from the events will be published on Pro-Contract along with FAQs
- Implementation timetable

