READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**22 JANUARY 2016**	**AGENDA ITEM:**	**8**
TITLE:	**PUBLIC HEALTH COMMISSIONING INTENTIONS: INITIAL PROPOSALS**		
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SERVICE:	**Public health**	**WARDS:**	**Borough-wide**
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report sets out an initial prioritisation of current areas of public health services commissioning for probable continuation in 2016/17 in order to contribute to improving the health of local residents and to reduce health inequalities.

1.2 Notwithstanding the government's cuts to the Public Health Grant and other financial pressures that the council is under, it is prudent to review the appropriateness of current public health-commissioned services. The purpose is to ensure that (i) what we commission can reasonably be expected to have a significant beneficial impact, and (ii) we reduce or stop commissioning less effective services in order to free-up resources to concentrate population-level interventions where they will have the greatest benefit for the greatest number.

1.3 The Reading Joint Strategic Needs Assessment (JSNA) Position Statement, presented to the health and well-being board in October, is one source of information about local health needs. A full JSNA is in preparation with a view to presentation at the March 2016 health and well-being board meeting. (This JSNA will include the findings of the now nearly completed detailed drugs and alcohol needs assessment.) Arising from the position statement and emerging from work on the full JSNA, the key health needs in Reading include:

- above-average death rates from largely avoidable causes, especially cardiovascular disease (principally heart attack and stroke), especially in the borough's more deprived areas;
- levels of poor mental well-being that could be improved;
- prevalences of conditions such as overweight and obesity, and diabetes, that need attention if we are to reduce the complications and disability and raised mortality associated with these; and
- high levels of substance misuse and unmet need, especially for alcohol misuse.

1.4 It is important to note that the prioritisation tool is still in development and some of the topics assessed were scored by a group and some by different individuals. We need to check the scoring of all the topics assessed in a group to check the consistency of the application of the prioritisation criteria. We also intend to add another criterion to assess the implication on other council and NHS services should a public health-commissioned service be recommended for stopping.

1.5 Appendix 1 – Assessment framework

Appendix 2 – Outcome of assessment of public health-commissioned population interventions

2. **RECOMMENDED ACTION**

That Health Sub-group:

2.1 Approves the need for prioritisation and the development of the proposed method for it; and

2.2 Agrees that further work is required, especially in terms of matching population-level interventions with need.

3. POLICY CONTEXT

The recommendations in this paper will help the Council meet obligations including:

3.1 National Policy & legislation:

- National Health Service Act (2006)[1] and Health & Social Care Act (2012)[2] – mandates local authorities to improve life expectancy and reduce health inequalities.

3.2 Reading's Health & Wellbeing Strategy:

- Promote and protect the health of all communities, particularly those disadvantaged;
- Reduce the impact of long term conditions with approaches focused on specific groups; and
- Promote health-enabling behaviours & lifestyles tailored to the differing needs of communities.

3.3 The Public Health Outcomes Framework, which councils are required 'to have regard to, including specific indicators concerning:

- improvement of the wider determinants of health;

1 *National Health Service Act 2006.* London, HMSO. Available at: http://www.legislation.gov.uk/ukpga/2006/41/contents (accessed 18 December 2015)
2 *Health and Social Care Act 2012, c.7*. Available at: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted (accessed: 18 December 2015).

- health improvement;
- health protection; and
- preventing premature mortality.

4. THE PROPOSAL

4.1 Method:

Using a scoring framework that can be found in Appendix 1, we assessed our current broad and specific areas of public health-commissioned work in the context of: local strategic fit; fit with priority areas in the King's Fund document *Improving the public's health – a resource for local authorities*; level of assessed need; strength of evidence of clinical effectiveness; likely impact on health inequalities; likely magnitude of benefit; likely number of people (or proportion of the population) to benefit; impact on access to services; likelihood of improving the quality of services; feasibility; risk; and cost-effectiveness.

4.2 Assessment of current public health-commissioned interventions

Public health-commissioned service area	Score
Mental health and well-being	49
Sexual health	49
Smoking cessation and tobacco control	46
Physical activity	45
Flu immunisation	44
0-19 years services	40
National Child Measurement Programme	40
Substance misuse services	33
Breast feeding	30
Making every contact count	29
Health checks	29
Excess winter deaths	29
TB	22
Dental health	14

We will review the individual components of current interventions to ensure the appropriateness of the scoring in terms of prioritisation. For example, the National Child Measurement Campaign (which is a mandatory service) does not, of itself, provide a population-level intervention to reduce overweight and obesity, it simply measures prevalence. The relative low score for the health checks programme (also a mandatory service) probably relates to its need for greater targetting and the greater provision of services for people with identified risks. And sexual health services (which are also mandatory), whilst important, have little significant impact on mortality and overall health inequalities.

From this work, we will develop proposals for reducing/stopping the commissioning of some interventions in order to increase (i) the appropriateness of those interventions that we do commission, and (ii) the number of people who can benefit from them.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Public health interventions at a population level contribute to Corporate Priority 2: *Providing the best life through education, early help and healthy living*.

5.2 They also enable the council to significantly contribute to other obligations, including improving the health of the population and reducing health inequalities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Community engagement and consultation will be appropriate once specific proposals have been drawn up.

7. EQUALITY IMPACT ASSESSMENT

7.2 An equality impact assessment is not relevant at this stage.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications at this stage.

9. FINANCIAL IMPLICATIONS

9.1 Not applicable at this stage.

Appendix 1: Prioritisation framework for health improvement initiatives

This prioritisation framework is intended for use within the public health team to help identify potential high-impact health improvement programmes for implementation on an industrial scale. Each proposal needs to be marked against each of the criteria in the first column for a high, medium or low fit with the description in either the second, third or fourth columns, scoring 3, 1 and 0 points respectively. Some criteria are weighted and double the basic number of points should be applied for a high or medium fit, as referred to in the relevant rows.

Criterion	HIGH FIT 3 points (basic)	MEDIUM FIT 1 point (basic)	LOW FIT 0 points
Local strategic fit (apply points to each one met): • Reading Health & Wellbeing Strategy priority • JSNA priority • Reading CCGs' operating plans priority • Council Corporate Business Plan priority • Delivery of one or more Public Health Outcome Indicators	3 points for each strategy supported in a significant way	1 point for each strategy supported in a minor way	No points if no strategy supported in any way
Fit with priority areas in *Improving the public's health – a resource for local authorities* by the King's Fund (apply double points for <u>one</u> of the following criteria): • the best start in life • healthy schools and pupils • helping people find good jobs and stay in work • active and safe travel • warmer and safer homes • access to green and open spaces and the role of leisure services	Proposed intervention meets at least two 'possible priority actions' identified in any of the 8 priority areas in *Improving the public's health* for the relevant area or one or more close equivalent actions 6 points only for one priority area met this way	Proposed intervention meets at least one 'possible priority actions' identified in any of the 8 priority areas in *Improving the public's health* for the relevant area or one or more close equivalent actions 2 points only for one priority area met this way	Proposed intervention meets none of the 'possible priority actions' in any of the 8 priority areas identified in *Improving the public's health* for the relevant area or close equivalent actions No points

• public protection and regulatory services (including takeaway/fast food, air pollution, fire safety) • health and spatial planning • Strong communities, well-being and resilience			
Assessed need	Quantified evidence of high local need based on incidence; mortality/morbidity impact; unmet service need	Local need not well defined/quantified, such as extrapolated/inferred from other data or other populations or solely based on demographic profiles	No clear evidence of need
Clinical effectiveness of proposed population-level intervention	High-quality evidence (such as randomised controlled trials, large cohort studies) or fully meets specific NICE guidance	Only medium or low-grade evidence of effectiveness, such as small-scale trials or professional opinion	No significant evidence of effectiveness
Impact on health inequalities (apply double points if criterion met)	Clear evidence that the proposal will sustainably and significantly reduce health inequalities 6 points	There is some evidence that the proposal will reduce health inequalities 2 points	Small or even negligible impact on health inequalities likely No points

Magnitude of benefit (apply double points if criterion met)	Significant improvements in health outcomes will accrue, such as increases in life expectancy, reduced death rates, especially for conditions where death rates are currently relatively high 6 points	Moderate improvement in health outcomes can be expected 2 points	Small or negligible impact on health outcomes likely No points
How many people are likely to benefit? (apply double points if criterion met)	5,000+ (or at least 3% of the population) 6 points	2,000+ (or at least 1.5% of the population) 2 points	1,000+ (or at least 0.75% of the population) No points
Access to services	Health equity audit shows that access to services for hard-to-reach groups and/or those who are affected by health inequalities will significantly improve	Health equity audit shows that a moderate impact on access to services for hard-to-reach groups and/or those who are affected by health inequalities is likely	Health equity audit not done
Improving quality of services (apply points to each one met): • patient/client safety • patient/client experience • integration between services on a pathway	Strong, good quality evidence from large-scale work elsewhere that the proposed service will have a significant benefit	Some good quality evidence that the proposed service will have a significant benefit	Little or no evidence that the proposed service will have a significant benefit

Feasibility	There is a realistic scheme to deliver the proposed intervention with meaningful milestones and effective outcome measures	There is a scheme to deliver the proposed intervention, with milestones and outcome measures but overall it is ambitious, less likely to succeed and/or progress and outcomes may be difficult to evaluate	There is no realistic scheme to deliver the proposed intervention with meaningful milestones and effective outcome measures
Risks	A comprehensive, quantified risk assessment has been undertaken with realistic mitigation identified for each risk	A risk assessment has been undertaken but it misses one or more significant areas/risks and/or the proposed mitigations are less likely to succeed	No risk assessment undertaken
Cost-effectiveness	Implementation and service costs have been benchmarked to similar or alternative services and are lower for a higher output, and/or the proposed intervention is of proven cost-effectiveness (in the way it is intended to be implemented and delivered) as shown by robust cost-effectiveness evaluations published in	Implementation and service costs have been benchmarked to similar or alternative services and are lower for a comparable output, and/or the proposed intervention is of proven cost-effectiveness (in the way it is intended to be implemented and delivered) as shown by robust cost-effectiveness	There is no cost-effectiveness evaluation or implementation and service costs have been benchmarked to similar or alternative services and are higher for a better or a comparable output

	peer-reviewed journals and/or by an organisation such as NICE	evaluations published in peer-reviewed journals and/or by an organisation such as NICE and is not replacing any currently commissioned service for the same indication	

Appendix 2: Public health commissioned services: outcome of prioritisation scoring

	PHYSICAL ACTIVITY	MENTAL HEALTH & WELLBEING/NEIGHBOURHOODS	SUBSTANCE MISUSE AND LIVER DISEASE	TB	DENTAL	Flu		SEXUAL HEALTH	NCMP	HEALTH CHECKS	0-19's	SMOKING CESSATION/ TOBACCO CONTROL	MECC	BREASTFEEDING
Local strategic fit	MANDATED SERVICE: NO CORPORATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES JSNA Prioirty: PHOF: YES	MANDATED SERVICE: NO CORPORATE PLAN: YES HWB STRATEGY: NO CCG CORE OFFER: YES BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO CORPORATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: NO BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: NO CCG CORE OFFER: NO BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES BOROUGH PROFILE: YES/NO PHOF: YES/NO		MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: NO CCG CORE OFFER: NO BOROUGH PROFILE:? PHOF: NO	MANDATED SERVICE:YES/NO COOPERATE PLAN:NO HWB STRATEGY: YES CCG CORE OFFER: NO BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE:YES COOPERATE PLAN: YES HWB STRATEGY: NO CCG CORE OFFER:NO BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: YES COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES BOROUGH PROFILE: YES PHOF: YES	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: NO BOROUGH PROFILE: NO PHOF: NO	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: YES BOROUGH PROFILE: YES PHOF: NO	MANDATED SERVICE: NO COOPERATE PLAN: YES HWB STRATEGY: YES CCG CORE OFFER: NO BOROUGH PROFILE: NO PHOF: NO
Mandatory Service	0	0	0	0	0	0		0	3	3	0	0	0	0
Health & Wellbeing Strategy	3	3	3	1	1	3		0	1	3	3	3	3	1
JSNA priority	3	3	3	0	1	0		0	3	3	3	3	0	1
CCGs' operating plans	3	3	3	0	0	3		0	0	0	1	3	0	0
Corporate Plan	1	3	1	3	1	0		3	3	1	3	3	3	1
Public Health Outcome Indicators	3	3	3	3	3	3		3	3	3	3	3	3	3
Fit with priority areas in *Improving the public's heath*	6	6	3	6	2	6	6	6	6	0	6	6	6	2
Assessed need	3	3	3	1	3	3	2	3	3	1	1	3	2	1
Clinical effectiveness	3	3	3	1	3	3	3	3	3	1	1	3	2	3
Impact on health inequalities	2	6	2	2	0	2	2	2	2	1	2	3	2	2
Magnitude of benefit	2	2	2	6	2	6	2	2	2	2	6	3	2	2
How many people are likely to benefit?	6	2	0	0	2	6	2	6	2	2	6	1	2	2
Access to services	1	3	0	0	0	0	0	1	1	2	1	0	0	2
Improving quality of services	2	4	5		0	2	2	5	1	2	3	4	2	3
Feasibility	3	1	1		1	3	2	3	3	3	1	3	0	3
Risks	1	3	1	0	0	2	0	2	3	0	0	2	0	1
Cost-effectiveness	3	1	0		0	2	2	3	1	0	0	3	2	3
Total	45	49	33	22	14	44	29	49	40	29	40	46	29	30
What would be a good year in terms of outcomes? YEAR 1	1. Reading Lets Get Going programme will be retendered and contract awarded. 2. The Reading Healthy Weight Strategy will be completed . 3. Reading Beat The Street 2015 will have been delivered and evaluated 4. Beat the Street Community Champions Programme. will have been implemented 5. Procurement plan will have been deveoped for Adult Weight Management Services	1. A Mental Health Training Needs Analysis will have been completed, based on needs/recommendations highlighted in the JSNA Annual Position Statement	1. The Community Alcohol Partnership will have been reviewed and evaluated. 2. A Substance Misuse HNA will have been completed.	1. Public Health will have worked with PHE and other local partners to deliver and evaluate a local TB awareness campaign implemented in accordance with the Berkshire TB Board action plan.	1. Brushing for Life evaluation completed (Paul Batchelor)	1. Evaluate impact (if any) of radio ad campaign - increased uptake of immunisations at GP practices. 2. Public Health will have delivered actions set out in the RBC Flu Plan. 3. Have a clear understanding on uptake performance across the range of imms and vacs		1. Public Health will have reviwed arragements for local condom distribution review and actioned recommendations arising. 2. Sexual Health IT platform will be live.	1. Accurate and timely age specific information to parents on NCMP and related services will be provided to schools as standard as part of the NCMP process.	1. Monitor contract and agree further action to increase uptake via Primary Care	1. Needs analysis for the future service completed 2. A fully integrated 0-19 service specification developed. 3. A procurement and commissioning plan established.	1. Retendering of Berkshire Smoking Cessation services will have been completed and contract awarded. 2. Public Health will have worked with the comms team and supported the delivery of national stop smoking campaigns. 3. PH will have set the strategic direction for the work programme of the Tobacco Control Alliance Co-ordinator - linked to other programmes, e.g. CAP/JMA schools offer.	1. Local model and plan for delivery of MECC training across Reading will be in place. 2. Implementation will have commenced	1. Berkshire West servic specification and contract in place for 2015/2016. 2. If funding agreed beyond 2015/2016, procurement and commissioning exercise completed and new breastfeeding contract in place for 2016/17 and beyond.
What would be a good year in terms of outcomes? YEAR 2	1. Creation of personalised plans for children working with Leisure Services will have been piloted 2. A Clear referal system between NHS Health Checks and phyical activity interventions will be in place f. 3. Workplace Health- .	1. Public Health will have delivered 5 Ways to Wellbeing & National Mental Health Awareness Week Campaigns. 2. More (x number?) cross sector staff across Reading will have been trained in understanding signs and sypmtons of mental health e.g via local roll out of MHFA Lite. Band 6 3. More (x number?) cross sector staff across Reading will have been trained in understanding signs and sypmtons of mental health e.g via local roll out of MHFA Lite. 4. A Reading suicide reductions actions plan will have been developed - To be confirmed- Peter checking timelines. 5. Public Health will have evidenced it's contribution to the production & implementation of a cross council mental health strategy document - with a clear focus on mental health promotion and emotional wellbeing.	1. Review of alcohol screening, needle exhange, shared care and supervised administration primary care services. 2. Alcohol Screening Primary care contracts will have been reviewed 3. (working with DAAT) A local model of Tier 2 brief interventions across Primary care and community will be established						As above	1. Existing provision will have been reviewed and an options appraisal for future delivery model/s completed. 2. Existing quality assurance arrangements will have been reviewed and, where appropriate, recommendations made for improvement. Band 8 and 7 3. Commisioning intentions/retendering of services will be taken forward in line with mandatory guidance and outcomes from local options appraisal 4. Referral pathways from NHS Health Checks into lifestyle interventions. E.g. alcohol/physical activity will have been developed	1. The procurement and commissioning plan established utilised. 2. HV / FNP services fully embedded into Reading Borough Council. 3. A new 0-19 integrated service commissioned.	1. Public Health will have led a review of RBCs smoking policy.	1. More (x number) cross sector staff will have been trained in MECC in line with an agreed local model and the impact of training will have been evaluated	

	PHYSICAL ACTIVITY	MENTAL HEALTH & WELLBEING/NEIGHBOURHOOD	LIVER DISEASE	SCREENING	TB	DIABETES - DRAFT	IMMS/EWD's	SEXUAL HEALTH	NCMP	HEALTH CHECKS	COMMS & MEDIA	0-19's	Carers	Smoking Cessation/Tobacco Control	Advice to Other Departements	Business Management	JSNA & HWB STRATEGY
What would be different?	1. Lets Get Going would be retendered. 2. There will be a clear set of outcomes following completion of Healthy Weight Strategy. 3.This plan will have a defined exit strategy for children post LGG. 4.Beat The Street Participants will maintain a continued lifestyle change. 5. Implementation of refferal system. 6. Increase in training of volunteer walks leaders (Target 10 per month) 7. Members of the public will continue to be engaged in physical activity. - 8.Implementation of workplace and well being chapter into	1. Clear direction of travel - Stakeholders have a mutual understanding of the strategy. 2. **Increased awareness of Mental health & Well being in Reading** 3. Increase in numbers trained. **4. Commisioning Plan - MH Elements of all council undertaking.** 5. Link into other HIISC/PH programmes, campaigns. 6.**Promote/raise awareness of national campaigns.**	1. Provide Public Health support in line with CCG Priorities. **2. Understand the impact of CAP** **3. Alcohol Screening PCC work and agree whether to continue as well as improving refferal pathways.** 4.Better intellegence and reccomendations for intervention. Local model based on NICE guidance. **5.Better intellegence and reccomendations for intervention. Local model based on NICE guidance.**	1.Priorities agreed. **2. PH team would be able to support relevant GP QOF targets achievment.** 3.Clear planand capacity to deliver core offer support linked to screening.	1. Better intellegence. **2. Increased awareness amongst target groups. with a a clearer referal pathway.** 3. Programme in place- Increased assurance that new entrants into Reading are screened effectivly for TB. **4. Fewer late diagnosis cases.**	**1. Targeted intervention delivered and evaluated and recommendations in place.** 2. Piloted and evaluated. **3. Local option is available for advice and support.**	1. Whole population interventions through local campaigns. **2. Targeted group interventions through local campaigns.** 3. Whole population interventions through campaigns. **4.Local project groups to oversee.** 5.Activity all year round. **6.Better information to help design and delivery of interventions.** 7.More staff vaccinated. **8.PH response documented and defined.**	**Effective service spec reflecting service improvements detailed in bid.** 2. Reflect service improvement, better and quicker access to services. **3. Increased testing rates = Increased uptake. STI's.** 4. Distribution model agreed. 5. Contract being delivered and monitored. 6. Act upon data accordingly - Timely response to data. 7. **Quality managing of all contracted sexual health services.** 8.Better access for residents. 9. **Improved Public Health imformation on sexuale**	**1. Improve system to follow up missed children & Auditing our activity against NCMP national outcomes.** 2. Localising information - Cycle of activity.	2. Confident everyone eligable in Reading has access. 4. Higher conversion rate. 6. Improved data quality.		1. HV / FNP staff commissioned by RBC. 2. Clear accountability and monitoring to deliver relevant services with improved links to internal and external partners/stakeholders. 3. Commissioners will know exactly what 0-19 integrated service is needed for the young people of Reading. 4. Internal and external stakeholders will understand future commissioning intentions and timescales.				
Whats our contribution?	**1. Commisioning and budget holder.** 2. Project managing the Healthy Weight Stratgey **3.Working with partners to define the pathway.** 4. Joint Commisioner **5. Commisioning 1/3 of the funding.** 6.Commisioning and providing specialist imput. **7. Commisioning** 8. Programme Managing	1. Public Health To provide content. - E.g Raising awareness around stigma/signs and symptoms. **2. Commisioners.** 3. **Promotion & awareness raising** 4.Provide advice (PH expert advice to stakeholders) 5. **MH included in MECC - Commisioner/Service Design** 6. Commisioning & awareness raising programme	**1. PH Specialist advice/Core offer** 2. Specialist input to DAAT & CAP. 3. Specialist input. 4. **Needs analysis, scoping and service design.** 5. Needs analysis, scoping and service design.	1. Support CCG's outcomes through PH advice to help them achieve their outcomes. Scruitiny of their performance. **2.Public Health specialist advice via core offer** 3. Public Health specialist advice via core offer	**1. Project management with PHE. Data analysis and specialist input.** 2. Project management with PHE. Data analysis and specialist input. Evaluating the campaign community engagement. **3.Provide support to development of new entrants screening programme.** 4.Specialist Public Health input	**1. Commisioner + Project management.** 2. Commisioner + Project management. **3. Facilitate, fund and promote.**	**1. Support CCG's in meeting their targets.** 2. Design, deliver and evaluate campaign (Radio/Website). **3. Design, deliver and evaluate campaign (Radio/Website).** 4. PH Multi agency group. **5.Commisioning.** 6. Data analysis, evidence review. **7. Promotion of service throughout the LA.** 8. Reveiw current business continuity plan.	1.Commisioner 2.Commisioner 3. Commisioner 4.Commisioner/Service redesign 5. Commisioner 6. Commisioner 7. Commisioner 8. Commisioner 9. Commisioner	1. Commisioners- We fund school nurses through shared team. Aligning NCMP with other PH activities. 2. Public Health specialist advice on available services and interventions.		1. Commissioner support to the shared team. 2. Performance monitoring support and decision making as needed. 3. PH specialist advice instolling an evidenced based approach. 4. Commissioing support to develop procurement plan.				