

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE**

PUBLIC HEALTH UPDATE - PREVENTION AT SCALE AND PRIMARY CARE

Date of the meeting	05/04/2017
Author	S Crowe, Deputy Director of Public Health
Purpose of Report	To update Members of the Primary Care Committee on the emerging plans for prevention at scale, with a focus on actions for primary care. The PAS programme map is also attached at Appendix 1, which summarises the progress to date and shows how the programme will work across the four main areas.
Recommendation	The Committee is asked to note the progress update and ensure primary care developments including new models are aligned with the work on developing locality profiles so that the challenge of reducing variation in secondary prevention is built in to future solutions and care models as they are developed.
Stakeholder Engagement	The emerging plans for prevention at scale have been developed following engagement with System Leadership Team, Primary Care Committee, both Health and Wellbeing Boards and the Joint Public Health Board.
Previous GB / Committee/s, Dates	Primary Care Commissioning Committee 05/10/2016.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> Preventing ill health and reducing inequalities Sustainable healthcare services 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓	✓	
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: SC

1. Recommendations

- 1.1 Members of the Primary Care Commissioning Committee are asked to support the direction of travel and achievements in the past 6 months to ensure that prevention at scale is an integral part of the transformation of primary care.

2. Reason

- 2.1 Prevention at scale will not be achieved if it is a separate programme. Primary care is one of the most important parts of the health and care system, and has the highest proportion of contacts with patients in the health service. If prevention at scale is to be effective, it must be delivered through transformed community services and primary care being better able to meet population health challenges.

3. Background

- 3.1 A previous paper to this Committee set out the main themes of the Director of Public Health report, which focused on prevention at scale. In addition, it highlighted two key challenges for primary care:
- Reducing the observed variation in secondary prevention (i.e. management in primary care) of people with chronic conditions, particularly diabetes and cardiovascular disease;
 - Increasing the scale and impact of simple lifestyle advice in primary care – for example, by offering more brief interventions for physical activity and alcohol, working alongside LiveWell Dorset.
- 3.2 This update paper provides an update to PCC about work to support primary care to help tackle these challenges.

4. Update on Prevention at Scale

- 4.1 Public Health Dorset has worked closely with the CCG and local authorities to develop clearer plans for the prevention at scale programme. A joint Health and Wellbeing Board workshop in October was used to introduce a simple framework for identifying the projects interventions necessary to have an impact at scale. This sets out challenges for prevention at three life stages – starting well, living well and ageing well. Within these life stages, projects are being identified that focus on individual behaviour change, organisational behaviours and place-based approaches to improving health and wellbeing.
- 4.2 The System Leadership Team has agreed that oversight and delivery of the programme will be via each Health and Wellbeing Board, supported by the Joint Public Health Board which will act as an advisory group to each Board. Both Health and Wellbeing Boards are in the process of amending their terms of reference to ensure a renewed focus on two key objectives – delivery of prevention at scale, and promoting integration – particularly through the

development of new models of care for community services and primary care at scale.

- 4.3 The following key points set out progress against the two challenges for primary care – reducing variation in secondary prevention measures, and increasing the scale and impact of lifestyle advice in primary care:
- Reducing variation: the public health team is supporting the development of locality profiles that show the challenge of reducing variation in secondary prevention of chronic disease at scale. The first model based around diabetes has been shared with the primary care team as a concept. Further meetings are taking place to scope what resources have already been produced, and how to ensure the profiles support decision making about the most effective and efficient ways of reducing the numbers of people inadequately controlled. The intention is that these profiles can be used in the respective Health and Wellbeing Boards to better understand how new models of care and primary care at scale can tackle the variation challenges in different ways. In addition Public Health Dorset is advocating the CCG to use commissioning levers e.g. the Clinical commissioning local improvement plans, to incentivise clinician engagement with tackling variation in diabetes care, particularly management of Blood pressure, cholesterol and blood sugar.
 - Lifestyle advice in primary care: development of a digital platform to support residents and professionals wanting to make changes to improve their health is well underway, extending the LiveWell Dorset service. The work will be supported by a renewed focus on communicating the benefits with GPs and primary care teams, and a GP is being recruited to assist in this work as part of the new GP public health placement roles being developed with the Primary Care Workforce Centre and Health Education England. Discussions are also well underway about providing better lifestyle support to pre-operative pathways – the primary care role in support patients on referral needs to be developed.

5. Sexual Health Services

- 5.1 From April 1st 2017 commissioning and contracting responsibility for sexual health clinical services, including the GP sexual health contracts will be led by Dorset CCG with public health support.
- 5.2 Public Health Dorset has spent the past two years developing a vision for a more integrated, efficient and effective sexual health service, recognising that the current system is complex and fragmented in terms of commissioning responsibilities. Commissioning a whole system approach to sexual health has been difficult because of split responsibility between NHS England, Dorset CCG and local authority public health.
- 5.3 As sexual health is predominantly a clinical treatment service provided by NHS Foundation Trusts and general practice, commissioning this service fits better with the commissioning responsibilities of CCGs than local authorities. The changes in Dorset anticipated in acute and community services under the

Sustainability and Transformation Plans are also likely to provide opportunities to change the way sexual health services are commissioned and delivered.

- 5.4 Public Health Dorset and Dorset Clinical Commissioning Group are therefore working together on a collaborative commissioning approach to achieve the required service transformation to become a more sustainable service over the longer term.
- 5.5 The current providers have agreed to integrate acute and community sexual health services under a single commissioning process with Dorset Health Care as the lead service provider. Design work is progressing well with a streamlined community integrated hub and spoke model agreed as Sexual Health Dorset. Finance and governance wise, the partnership agreement will be facilitated between Dorset County Council and the CCG for two years through a Section 75 agreement. Responsibility for commissioning contracts for 2017/18 will be the CCG and service delivery will continue as usual, while further review and design takes shape. However, there is still the requirement to make year on year savings in line with the national reduction in public health grant.
- 5.6 Commissioners are still in the process of agreeing how the reduction in the overall budget for sexual health will be applied and will be in contact with providers in due course with details of the contract commissioning process, which providers will need to agree in order to facilitate the transfer of contracting responsibility for existing contracts from the Council to the CCG. For all enquiries about contractual matters from 1 April please contact Gary.Alessio@Dorsetccg.nhs.uk. Sophia Callaghan will continue to provide Public Health Consultant support (S.Callaghan@dorsetcc.gov.uk).

6. Drug and alcohol tender

- 6.1 Public Health Dorset is leading the re-commissioning of drug and alcohol services on a pan-Dorset basis, with a planned start date for the new services of October 2017. Implications for primary care are that practices currently providing shared care for drug and alcohol will not have contracts renewed from October onwards. This is because there was a lack of consistency and price for the primary care service across Dorset, Bournemouth and Poole. Going forwards practices that are interested in continuing to provide care for people with substance misuse issues will be strongly encouraged to work collaboratively with the successful new providers. It is possible there will be sub-contracting opportunities in places where a shared care model makes sense based on local needs.

7. Conclusion

- 7.1 This paper summarises progress to date with developing the approach in Dorset to a systematic Prevention at Scale approach within the STP. Primary Care Committee Members are asked to note the Programme diagram at Appendix 1 for further detail about the scope and scale of approaches identified so far.

APPENDICES	
Appendix 1	Programme Diagram