

# Bristol City Council Public Health Commissioning Intentions 2019 to 2021

## Consultation Summary and Recommendations Report

A consultation has been undertaken setting out commissioning intentions for Public Health services for 2019 to 2021. This Consultation set out two Phases for consideration. Phase 1 focuses on individual contracts with an end date in 2019. Phase 2 focuses on three contracts currently with GPs and pharmacists (sometimes called Primary Care) with an end date 2019 – 2020.

We would like to take this opportunity to thank the 303 people and organisations who took time to respond to the questionnaire or to write to us with views, ideas and suggestions.

Of these responses 54% were from residents; 18% were from GPs; 9% were from voluntary and community sector; 7% were from healthcare providers, 6% were from commissioners; 6% were from other public sector providers; 5% were from service users; 4% were from pharmacists; 3% were from Bristol City Council Employees; and 10% were from others.

We received 77 individual comments relating to Stage 1 proposals and 68 individual comments to Stage 2 proposals.

Responses to the consultation are summarised in this report. In relation to each question we have set out an overview of the respondent's feedback, our response, and our final recommendations to Cabinet.

The table below sets out the original proposals presented in the consultation and the final recommended savings which we are confident could be secured by doing things differently, including implementing suggestions put forward by respondents.

If achieved, this helps us meet the challenge posed by the reduction in the public health grant from Central Government.

	<b>Original savings proposals in Consultation</b>	<b>Final recommended savings proposals</b>
<b>Phase 1</b>	£719,454	£681,900
<b>Phase 2</b>	Between £139,065 - £278,130	£38,055
<b>Total</b>	Between £858,519 - £997,584	£719,955

Although these final recommendations are less than we had initially proposed we are confident that we can address the shortfall by exploring other efficiencies including freezing staff posts, further reducing central running costs and looking closely at purchasing costs for prescribed drugs.

## Phase 1: Contracts with an end date of 30<sup>th</sup> September 2019

### 1.1 Payment to GPs and Pharmacists for delivery of Alcohol Brief Advice

#### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (1.1) to stop Public Health payment for GPs and Pharmacies to deliver Alcohol Brief Advice.

#### Public response

			Response Percent	Response Total
1	Strongly Agree		12.55%	32
2	Agree		32.94%	84
3	Neither agree nor disagree		11.37%	29
4	Disagree		18.43%	47
5	Strongly Disagree		24.71%	63
			answered	255
			skipped	48

45% of the respondents agreed or strongly agreed with the proposal. 43% disagreed or strongly disagreed with the proposal

One respondent expressed the view that it was reasonable to stop this payment because everyone should be providing this intervention and that free training is available. Another respondent expressed concern about levels of alcohol harms and impacts on Emergency Departments.

#### Our response

Our position is that this intervention should be delivered widely by a range of partners. No other provider receives payment per intervention. We therefore recommend ceasing this payment.

It was suggested by one respondent that we might consider measuring the impact of withdrawing funding on the delivery of Brief Interventions in Primary Care, however our view is that the cost of undertaking such a review would be more expensive than the service provision, and given the need to make budgetary savings this is not a viable option.

#### Our recommendation

<b>1.1 Payment to GPs and Pharmacists for delivery of Alcohol Brief Advice</b>	
Recommendation to Cabinet: <b>Decommission at contract end date</b>	
Proposed Saving: £17,000	Recommended Saving: £17,000

## 1.2: Adult Healthy Weight

### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (1.2) to replace targeted adult weight-loss services with a population-wide, social and environmental approach to healthy weight.

### Public response

			Response Percent	Response Total
1	Strongly Agree		24.61%	63
2	Agree		35.94%	92
3	Neither agree nor disagree		14.06%	36
4	Disagree		7.81%	20
5	Strongly Disagree		17.58%	45
			answered	256
			skipped	47

61% of respondents agreed or strongly agreed with the proposal to replace these targeted adult weight-loss services with a population-wide, social and environmental approach to healthy weight. 25% disagreed or strongly disagreed with this proposal.

Two respondents suggested that there is significant benefit for some patients and expressed concerns about loss of support for people on low incomes who are not be able to pay for weight loss classes. One respondent stated that there was no evidence for long term benefit for those attending weight management classes and this is not a sustainable approach to weight loss. One respondent pointed out that we had not provided much detail about what the alternative approach will be and how it would address obesity. They also stated that we should be focusing on prevention rather than cure and that we should work collaboratively with NHS and other partners in the design of future solutions.

### Our response

We have noted all comments and will take steps to set out the new approach more clearly. We agree that it will be important to work with our local NHS and other partners in the design of the new system.

### Our recommendation

1.2 Adult Healthy Weight	
Recommendation to Cabinet: Decommission at contract end date	
To refocus Public Health work on evidenced based population approaches which will have an impact on more people and encourage sustained behaviour change.	
Proposed Saving: £100,000	Recommended Saving: £100,000

### 1.3: Children’s Healthy Weight

#### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (1.3) to replace targeted children’s weight-loss services with a population-wide, social and environmental approach to healthy weight.

#### Public response

			Response Percent	Response Total
1	Strongly Agree		15.02%	38
2	Agree		33.99%	86
3	Neither agree nor disagree		16.60%	42
4	Disagree		15.42%	39
5	Strongly Disagree		18.97%	48
			answered	253
			skipped	50

49% of respondents agreed or strongly agreed with the proposal to decommission the services. 34% disagreed or strongly disagreed.

As shown above generally respondents agreed that we should decommission these services. However three of the respondents in favour said they would like more information about what we will put in place to address obesity in children. One respondent suggested that we could deliver a service more cheaply, and that perhaps the service could work more closely with schools, which could provide free venues. Another respondent expressed concern that the National Childhood Measurement Programme (NCMP), the weighing and measuring of children in Reception and Year 6 of primary schools made links with this service, and that currently parents are signposted from NCMP to the service for support. One respondent asked how training and support will be provided for the delivery of weight management in the future as this is currently provided by the Alive and Kicking programme.

#### Our response

We have noted all comments. Public Health will work with early years, schools, parks and play services to support and promote healthy weight for children and families. To support the NCMP programme we will ensure that community children’s services commissioned by Public Health will work with families who require specific support. We will review the training available to professionals and how best to provide this.

#### Our recommendation

1.3 Children’s Healthy Weight	
Recommendation to Cabinet: Decommission at contract end date To refocus on a population wide approach to address childhood obesity.	
Proposed Saving: £166,500	Recommended Saving: £166,500

## 1.4: Community Health Checks

### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (1.4) to decommission the additional Health Checks services provided by WISH and Knowle West Health Park and to instead focus on making sure that at-risk groups access the service provided by Primary Care.

### Public response

			Response Percent	Response Total
1	Strongly Agree		23.23%	59
2	Agree		38.98%	99
3	Neither agree nor disagree		12.60%	32
4	Disagree		11.42%	29
5	Strongly Disagree		13.78%	35
			answered	254
			skipped	49

62% of respondents agreed or strongly agreed to the proposal. 25.2% disagreed with the proposal.

We received comments for and against the evidence base for NHS Health Checks. 5 respondents described the benefits of delivering Health Checks in the community and were concerned that those opportunities for targeted outreach would be missed if there is no local community sector involvement.

### Our response

Health Checks are a mandated programme, which means that we must provide them. However, we wish to do this in a way which is most effective in reducing health inequality. On consideration, this decision is linked to decision 2.1 "Health Checks Provided by GPs and Pharmacies" and we propose to align these. To do this we would need to extend this contract for 6 months (to 31<sup>st</sup> March 2020) to allow time to redesign the Health Check programme whilst keeping a continuity of services for the residents. We want to ensure that in any new arrangement that GPs and Community Providers can continue to work in partnership to deliver Health Checks to maximise effectiveness and address inequality. For more information on NHS Healthchecks please see [www.nhs.uk/conditions/nhs-health-check](http://www.nhs.uk/conditions/nhs-health-check)

### Our recommendation

1.4 Community Health Check Services	
Recommendation to Cabinet: To extend this contract for 6 months while the full Health Check programme is redesigned.	
Proposed Saving: £37,554	Recommended Saving: 0 (Saving achieved in 2.1)

## 1.5: Stop Smoking Services

### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal to reform the Public Health approach to Stop Smoking services (1.5) i.e. to stop existing provision and instead to work with partners to design and implement targeted interventions focused on reducing smoking during pregnancy and within high risk groups (low income groups and people in contact with mental health services).

### Public response

			Response Percent	Response Total
1	Strongly Agree		21.40%	55
2	Agree		33.85%	87
3	Neither agree nor disagree		8.56%	22
4	Disagree		16.34%	42
5	Strongly Disagree		19.84%	51
			answered	257
			skipped	46

55% of respondents agreed or strongly agreed with the proposal. 36% disagreed or strongly disagreed.

All additional comments raised issues about health inequality and the importance of maintaining some targeted interventions. Four respondents spoke about the value of community based stop smoking services. One respondent suggested we work closely with NHS and other partners to explore how support to stop smoking services can be incorporated with mental health services.

### Our response

We acknowledge the potential impact on local community and voluntary sector providers. We anticipate that the new targeted service contract will be developed and delivered in and with communities and that local community providers will have opportunities to bid for some of this work.

### Our recommendation

1.5 Stop Smoking Services	
Recommendations to Cabinet: <ul style="list-style-type: none"> <li>Decommission the current services (annual value £598,400)</li> <li>Work with the NHS establish Stop Smoking Services provision for pregnant women, people in contact with mental health services; and redesign/recommission a new targeted service for Bristol from 1<sup>st</sup> April 2020 with a value of up to £200,000.</li> </ul>	
Proposed Saving: £398,400	Recommended Saving: £398,400

## Phase 2: Primary Care Contracts with an end date 2019 - 20

### 2:1 Health Checks:

#### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal to reduce the cost of the GP and pharmacist Health Checks contract by up to 10% and to focus on offering this service to those residents living in areas of highest need.

#### Public response

			Response Percent	Response Total
1	Strongly Agree		19.46%	50
2	Agree		34.63%	89
3	Neither agree nor disagree		14.79%	38
4	Disagree		17.12%	44
5	Strongly Disagree		14.01%	36
			answered	257
			skipped	46

54% of respondents agreed or strongly agreed with the proposal.

#### NHS Health Check: reduction of 0% to 10% (£0 - £25,000)

Respondents were asked what level of reduction of the cost of the GP and pharmacist Health Checks contract they preferred.

			Response Percent	Response Total
1	0% (£0)		23.25%	53
2	1% (£2,500)		0.88%	2
3	2% (£5,000)		3.95%	9
4	3% (£7,500)		0.88%	2
5	4% (£10,000)		1.32%	3
6	5% (£12,500)		9.65%	22
7	6% (£15,000)		1.32%	3
8	7% (£17,500)		0.88%	2
9	8% (£20,000)		2.19%	5
10	9% (£22,500)		0.00%	0
11	10% (£25,000)		55.70%	127
			answered	228
			skipped	75

56% of respondents favoured a 10% cut to the Health Check budget, while 23% favoured a 0% cut.

Comments were broadly similar to those received for question 1.4 (Community Health Checks), supporting a targeted approach.

### **Our response**

On consideration, this decision is linked to decision 1.4 Community Health Checks and we propose to align these. To do this we would need to extend this contract for 6 months (to 31<sup>st</sup> March 2020) to develop a new specification for Health Checks services whilst keeping a continuity of services for the residents. GP practices will need to be central to any new service due to requirements to include new clinical variables in the calculation of QRisk 3 (the method by which cardiovascular disease risk is calculated). We would want to ensure that in any new service, GPs and community providers can continue to work in partnership to deliver Health Checks to maximise in-reach into communities and reduce health inequalities.

### **Our recommendation**

<b>2.1 Health Check Services</b>	
Recommendations to Cabinet:	
<ul style="list-style-type: none"><li>• To extend this contract for 6 months to enable the full Health Check programme to be redesigned, ensuring that the services are targeted at those in most need and that there continues to be a role for community providers alongside Primary Care.</li><li>• To combine the investment from Community and Primary Care Health Check Programmes and reduce the total value by 10%</li></ul>	
Proposed Saving: £12,500 - £25,000	Recommended Saving: <b>£27,555</b>

## 2.2: Shared Care Services (Drug and Alcohol Treatment)

### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (2.2) to reduce costs within the Shared Care service by up to 10% by focusing on a recovery approach (actively supporting clients to become free of a dependency on prescribed drugs as a substitute) rather than a maintenance approach (where clients are on prescriptions long term).

### Public response

			Response Percent	Response Total
1	Strongly Agree		15.12%	39
2	Agree		29.46%	76
3	Neither agree nor disagree		10.85%	28
4	Disagree		14.73%	38
5	Strongly Disagree		29.84%	77
			answered	258
			skipped	45

### Substance Misuse Services – Shared Care: reduction of 4% to 10% (£55,952 - £139,880)

Respondents were asked what level of reduction of the cost within the Shared Care service they preferred.

			Response Percent	Response Total
1	4% (£55,952)		50.00%	102
2	5% (£69,940)		10.78%	22
3	6% (£83,928)		7.35%	15
4	7% (£97,916)		4.41%	9
5	8% (£111,904)		4.41%	9
6	9% (£125,892)		0.00%	0
7	10% (£139,880)		23.04%	47
			answered	204
			skipped	99

The responses were polarised with 45% of respondents agreeing or strongly agreeing with this proposal, and 45% of respondents disagreeing or strongly disagreeing.

50% of respondents selected a budget reduction of 4% while 23% selected the highest budget reduction of 10%.

Respondents raised concerns about the impact of any budget cuts to drug and alcohol services on individuals and to wider society. It was pointed out that the GP element of Shared Care service is integral and to the ROADS Drug and Alcohol Treatment Contract.

Constructive suggestions were received about other ways to achieve efficiencies, including opportunities to consider alternative opioid substitution products, provided this is done according to clinical guidelines.

### Our response

A number of respondents took issue with the concept of recovery as presented in the consultation. We would like to take the opportunity to clarify that recovery in this context describes a first principle approach of hope, aspiration and ambition for every individual and family; and that psychological and physical health and welfare are essential components of treatment. There is no assumption that all clients will come off Opiate Substitution Treatment (OST).

We have carefully considered this feedback and looked at what is funded. We will not be seeking any reduction from this budget. We will be exploring other opportunities of obtaining efficiencies and reducing costs, including consideration of alternative opioid substitution products.

### Our recommendation

<b>2.2 Shared Care Services (Drug and Alcohol Treatment)</b>	
<b>Recommendations to Cabinet:</b> <ul style="list-style-type: none"> <li>To maintain the current level of budget for this service (contract value of up to £1,398,800 per annum).</li> <li>To seek a direct award to Primary Care for these services and to bring these services in line with the contract period for the main ROADS service.</li> <li>That commissioners work with partners and providers to explore possibilities of reducing cost through the use of alternative opioid substitution products, ensuring that prescribing meets clinical guidelines.</li> </ul>	
Proposed Saving: £65,000 - £139,880	<b>Recommended Saving: 0</b>  <b>To explore possible reduced costs through the use of alternative opioid substitution products</b>

## 2.3: Sexual Health Services

### Consultation question

Respondents were asked to what extent they agree or disagree with the proposal (2.3) to reduce the cost of the Sexual Health Services contract by up to 10%.

### Public response

			Response Percent	Response Total
1	Strongly Agree		5.93%	15
2	Agree		9.88%	25
3	Neither agree nor disagree		13.04%	33
4	Disagree		30.83%	78
5	Strongly Disagree		40.32%	102
			answered	253

71% disagreed or strongly disagreed with reducing the sexual health budget.

### Sexual Health Services: reduction of 0% to 10% (£0 - £35,000)

Respondents were asked what level of reduction of the cost within the Shared Care service they preferred.

			Response Percent	Response Total
1	0% (£0)		46.33%	101
2	1% (£3,500)		2.29%	5
3	2% (£7,000)		2.29%	5
4	3% (£10,500)		2.29%	5
5	4% (£14,000)		2.75%	6
6	5% (£17,500)		16.51%	36
7	6% (£21,000)		1.83%	4
8	7% (£24,500)		1.38%	3
9	8% (£28,000)		2.75%	6
10	9% (£31,500)		0.46%	1
11	10% (£35,000)		21.10%	46
			answered	218
			skipped	85

46% voted for a 0% reduction in budget while 21% voted for a 10% reduction in budget.

Respondents who gave detailed responses placed a high importance on promoting good sexual health and the provision of effective contraception and that any reduction to these services will have a negative impact. It was also noted that these services should be accessible to everyone.

However, two respondents did suggest there could be other ways of delivering the services, e.g. increased access to home testing kits, video link consultations.

### **Our response**

We have carefully considered this feedback and looked at what is funded. As a result we have identified some areas where efficiencies can be obtained with minimal impact on the provision of services. We will continue to supply free condoms but will not make any further payments to Primary Care to give these out. We will also cease payment for GP's to send out invitations for teen Health Checks. We will work with providers to ensure the most efficient cost of the Chlamydia screening programme through the improved targeting of tests. These adjustments are estimated to achieve a saving of between £10,500 and £12,500.

### **Our recommendation**

#### **2.3 Sexual Health Services**

Recommendation to Cabinet:

- To cease payment for condom distribution (we will still provide free condoms), cease payment for teen health checks and reduce costs of the Chlamydia screening programme through improved targeting.
- To seek a direct award to primary care for sexual health services to bring these services in line with the contract period for the main UNITY sexual health service.

Proposed Saving: £15,000 - £35,000

Recommended Saving: **£10,500 to £12,500**

## 2.4: Consultation on Direct Awards to GPs and Pharmacists

### Consultation question

Respondents were asked to what extent they agree with the phase two proposal to directly award GPs and pharmacists with funding (negotiated best value) rather than allow service providers to compete for funding with a competitive tender.

### Public response

			Response Percent	Response Total
1	Strongly agree		40.86%	105
2	Agree		31.13%	80
3	Neither agree nor disagree		13.23%	34
4	Disagree		7.78%	20
5	Strongly disagree		7.00%	18
			answered	257

72% agreed that these services should continue to be a direct award for primary care.

### Our response

We will be exploring the possibilities of direct award as an option.