



Commissioning case study

Berkshire shared public health agreement

The headlines

- A collaborative model of public health has been established across all the Berkshire unitary councils and local clinical commissioning groups.
- Efficiency savings and excellent performance outcomes have been delivered through shared commissioning of public health services and use of a payment-by-results approach.
- The shared agreement has managed to balance the achievement of economies of scale with economies of scope.

What is the context?

The Health and Social Care Act 2012 set out a new public health system with upper-tier and unitary councils taking on new responsibilities to improve the health of their populations, backed by a ring-fenced grant and a specialist public health team led by a director of public health. The formal transfer of public health responsibilities from the NHS to local government took effect from April 2013 with an expectation that local councils should embed new public health functions into all their activities, tailoring local solutions to local problems, and using all the levers at their disposal to improve health and reduce inequalities.

In Berkshire there is no county council but six relatively small unitary authorities. In light of the announcement to transfer public health responsibilities to local government the six councils agreed to establish a shared agreement on public health.

What commissioning and delivery model has been adopted?

The Berkshire shared agreement on public health has two seemingly contrasting aims. First, to join up and achieve the efficiency and economies needed to reflect pressures facing council budgets. Second, to do this while maintaining the local focus expected by the councillors and residents of each individual council.

The development of the shared agreement was coordinated by Bracknell Forest Council and led to a legal agreement between the six councils to commission public health services, with a jointly appointed director of public health for Berkshire and a 'shared team' supporting six, small local public health teams in each council.

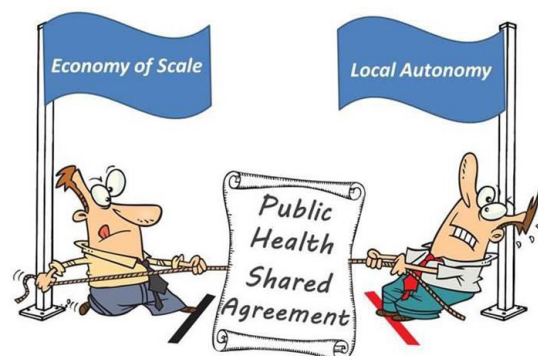
A consultant in public health leads the team in each council and is line-managed by a senior executive within the authority, determined by the individual council's structure. The consultant also receives professional direction and support from the Berkshire-wide director of public health. Each consultant has specialist leadership in defined areas (e.g. smoking cessation or sexual health) ensuring that the six councils are delivering best practice and sharing their learning across Berkshire.

The shared team comprises:

- director of public health;
- consultant lead for emergency planning, joint strategic needs assessment and health protection;
- head of operations;
- information managers x 3 (leading on joint strategic needs assessment and epidemiological analysis);
- public health contracts manager; and
- administrative support

The work of the shared team is overseen by the Public Health Advisory Board which has active membership from each unitary council. The Berkshire chief executives and leaders groups provide strategic oversight. Funding contributions for each council are worked out in a different way for each contract (for example a different formula for smoking cessation and sexual health) but the key factors that inform the financial contributions are size of population and (if available) past data on use of services. These contributions are negotiated and agreed with the Public Health Advisory Board.

To date the shared public health team has enabled collaboration across a number of service areas including smoking, sexual health and school nursing. In 2015 the team will take over commissioning of health visitor services from NHS England. In addition to commissioning services the six councils are also working together on large-scale health promotion campaigns.



Who are the key partners?

The key partners are the six unitary councils across Berkshire, namely;

- Bracknell Forest;
- Slough;
- Reading;
- West Berkshire;
- Windsor and Maidenhead; and
- Wokingham

The Berkshire shared public health team also works closely with the local clinical commissioning groups and pharmaceutical committee.



The Bracknell Forest public health consultant was given the role of acting as a strategic lead across Berkshire and, under her leadership, each council took an active role in ensuring that local delivery was hosted, promoted and engaged with in a way that would maximise success. By the end of 2013/14, the target of 5,000 quitters had been surpassed, despite a national reduction of 19 per cent in the number of people setting a quit date from the previous year recorded by Public Health England.

The quit success rate had risen to one of the highest in England, increasing from 56 per cent to 71 per cent. As a result the cost per quit had fallen significantly from £540 to £392 (a 38 per cent reduction). Also important have been innovations in the delivery of the service. In collaboration with the public health teams, the provider developed a range of new, evidence-based programmes, some of which were aimed at priority groups of smokers, including pregnant women, people with diabetes and elective surgery patients.

Another key outcome was the level of engagement that emerged from the Berkshire-wide smoking cessation service. Clinical commissioning groups and primary care professionals, who at the outset were very sceptical of both the commissioning model and the fact that the provider was a private company, changed their opinions as the positive results became evident. Every clinical commissioning group in Berkshire is now actively supporting the programme, while hundreds of general practices (and pharmacies) are hosting their own quit smoking sessions as part of the Berkshire service.

Another notable success was the successful 2013 drink awareness campaign 'What's in your glass' which was developed in partnership with the local pharmaceutical committee and ran in 151 Berkshire pharmacies during Alcohol Awareness Week. The campaign was highlighted by the All-Parliamentary Group on Pharmacy as an example of good practice and was independently evaluated and found to have delivered a range of positive impacts, including:

What has been the impact?

The creation of the shared public health team for Berkshire has provided efficiencies and cost savings by enabling each council to discharge its public health responsibilities without having to appoint its own director of public health. The team has also provided efficiencies in the delivery of a range of functions, including the compilation of data profiles and analysis to support the joint strategic needs assessment for each council. The shared agreement has managed to balance the achievement of economies of scale with the demand for local autonomy and variation.

One of the key successes of the shared public health team has been delivery of a Berkshire-wide smoking cessation service. Following a competitive procurement process, Solutions 4 Health was commissioned to deliver smoking cessation services across Berkshire. The ambition was high and targets were set for the delivery of 5,000 four-week quitters, 3,000 twelve-week quitters, and specialist services for key priority groups (for example mental health service users and pregnant women). The provision of pharmacotherapy (therapy using pharmaceutical drugs), including prescribed medication, was also allocated to the provider, with the entire service under a new payment-by-results commercial model based on successful outcomes only.

- over six in ten users cut back on the number of alcohol units they drank;
- two-thirds (67 per cent) cut down on the calories they consumed through alcohol;
- over half switched to lower-strength drinks;
- 52 per cent said the kit helped them to reduce the number of days on which they drank; and
- four in five respondents (79 per cent) said that they had started keeping better track of their drinking

The active engagement by the Berkshire chief executives group was particularly noted.

What have been the key elements of success?

Key success factors in the development of the shared public health team across Berkshire include:

- establishing a robust baseline of costs and health outcomes from which to provide evidence of progress and impact. This was imperative to win over elected members or officers who were sceptical about the ability of the model to truly deliver efficiencies and health improvements as well as responding to local needs;
- ensuring sufficient flexibility is retained in the commissioning process so that each council can amend or add services in order to reflect local priorities or the health needs of its population;
- effective team work and regular meetings of the public health consultants to ensure that everyone feels part of a broader team and is able to benefit from a broader knowledge base and specialist skills on a Berkshire-wide level;
- visibility of the director of public health at Health and Wellbeing Board meetings hosted by the six councils;
- effective engagement of the clinical commissioning groups and individual GP practices to secure their full support for the delivery of commissioned services and campaigns; and
- securing the future of the shared team through a legal agreement which will remain in place regardless of any change in political control of each council

What has been learnt?

Ensuring visibility of the shared team is important to reassure council officers and elected members that they are achieving value for money from their investment in the Berkshire-wide team. The Public Health Advisory Board, made up of senior representatives from each council, has helped to maintain regular dialogue between individual councils and the shared team.

Moving towards an outcomes-based commissioning model can deliver strong benefits in terms of maximising the use of public funding but also affords a greater level of flexibility in the approach providers use to meet agreed outcomes. At a Berkshire-wide level this has enabled providers to tailor delivery to meet local contexts while still retaining the economies of scale from operating across six council areas.

The positive operation and impact of the shared public health team has provided a model that may be applicable to other council services. The effective collaboration of the six councils is helping to change mindsets around how other efficiencies could be delivered through a shared model, including for example shared adult social care or licensing teams.

Who can I contact?

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Other useful information

'What's in your glass?' campaign
<http://www.drinkaware.co.uk/about-us/events/berkshire-campaign>

Smoke Free Life Berkshire:
<http://www.smokefreelifeberkshire.com/>