# **Appendix A**

# **Commissioning public health services: the impact of the health reforms on access, health inequalities and innovation in service provision**

# Interview schedule: first phase interviews

# Introduction

**Background to the project**

This research project, entitled ‘*Commissioning public health services: the impact of the health reforms on access, health inequalities and innovation in service provision’* is funded by the National Institute for Health Research (NIHR) Department of Health Policy Research Programme. Its purpose is to evaluate the public health reforms which directly result from the implementation of the Health and Social Care Act 2012. The study, a collaboration across the universities of Durham, York and Coventry and with Voluntary Organisations’ Network North East (VONNE), takes place over two and a half years, ending in June 2017.

**Background to interviews**

Interviews are being carried out in 10 case study sites across England. This interview will cover the following main topics:

* How public health services are being funded and changes in how the public health budget is being used over time;
* How preventive services are being commissioned and provided and their impact on health inequalities;
* How healthy lifestyles are being promoted and childhood obesity is being addressed;
* Innovative approaches to promoting health and narrowing health inequalities;
* How local authorities are developing their leadership role in improving health and addressing health inequalities;
* How commissioning is taking place across the new public health system.

**Interview process**

The aim of this interview is to find out about your personal views or experiences. You should have received a participant information sheet and signed a consent form. Ideally, we would like to record the interview and then transcribe it in full through a professional agency. The transcript will be anonymised and your identity will be kept confidential.

Are you happy with this arrangement and do you have any questions about the study or the process before we start?

# ****A. Roles and responsibilities****

**A1. Could you describe your current role?**

**A2. How long have you been a member of the Health and Wellbeing Board?**

# B. Views of the public health reforms

We would like to ask you a few general questions about the public health reforms.

**B1**. **Based on your experience, could you give us your views over the transfer of public health responsibilities from the NHS in 2013?**

* Advantages?
* Disadvantages?

**B2. Have the public health reforms led to any significant changes in the way you carry out your role or in your main responsibilities?**

* **If yes, could you describe these changes?**
* *Priorities?*
* *Partnerships?*
* *Ways of working?*
* *Other?*

**B3. How is the local authority tackling health inequalities?**

* *How is it targeting underserved groups?*
* *How is it narrowing the gaps between different areas?*

Examples?

**B4. What has been the impact of austerity on how the reforms are being implemented?**

# C. The public health budget

We are interested in how the public health budget is being used.

**C1. Has the public health budget been discussed in the HWB?**

* If yes, what have been the main areas of debate?
* *NHS historical spend versus local authority priorities/political strategy?*
* *Public health evidence base?*
* *Different understandings of public health and of legitimate use of public health budget?*
* *How to prioritise? (Lifestyle versus social determinants approaches/ universal approaches or targeted interventions)?*
* *The extent to which mandated public health services should be prioritised?*

**C2. Have there been any significant changes in how the public health budget has been spent since 2013?**

* **Please give reasons for any changes.**
	+ *To reflect public health priorities? (If yes, which priorities?)*
* *Top sliced?*
* *To address health inequalities?*
* *To fund public health-related activities in other local authority directorates?*

**C3. What were the main influences on what was actually commissioned through the public health budget last year?**

* *Public health team?*
* *JSNA/JHWS?*
* *Elected members?*
* *HWB members?*
* *Public health outcomes framework?*

**C4. Are you aware of pooling arrangements across the public health budget and the CCG?**

Examples?

**C5. Are there examples of thepublic health budget being used across local authority directorates?**

**If yes, was the public health budget used for any of the following:**

* + *As a catalyst for developing public health activities?*
	+ *To support new public health-related services in different directorates?*
	+ *To support existing public health-related services?*
	+ *As part of place-based budgets?*

Examples?

**C6. How is the public health budget being scrutinised in this local authority?**

* + - *Full council?*
		- *HWB?*
		- *CCG governing body?*
		- *Scrutiny Committees?*

**C7. In your view, are reporting mechanisms for the public health budget adequate?**

**C8. Do you have any information about how the ‘Miscellaneous’ category of the public health budget is arrived at and reported on?**

**C9. Would you like to see the ring-fenced public health budget retained in its present form?**

* + *Would you like to see the distinction between mandated and non-mandated public health services retained?*
		- *View of the allocation formula?*

**C10. Is there anything further you would like to add about the public health budget or what needs to change in relation to how the budget is being used?**

# D. Commissioning and providing preventive services

We are interested in changes in how and where preventive services are being delivered and whether new providers are being commissioned. We are particularly interested in services designed to encourage healthy lifestyles in adults (including healthy eating initiatives, prevention of alcohol misuse, weight management smoking and exercise) and in how childhood obesity is being addressed.

**D1. (***For DsPH, CCG and NHSE interviewees only***): what do you consider the differences, if any, between how the NHS commissioned preventive services and how the local authority is commissioning them?**

* + *Approaches to commissioning and the commissioning cycle?*
	+ *Use of different types of evidence/intelligence?*
	+ *Greater support from legal teams?*
	+ *More complex tendering procedures in local authorities/administrative burden for potential suppliers?*
	+ *Choice of providers (smaller/newer providers/ VCS?)*
	+ *Relative emphasis on lifestyle services / greater emphasis on wellbeing?*
	+ *Greater community involvement in priority-setting?*

**D2. How is the local authority building on its links with local communities to commission preventive services?**

* Have the reforms led to greater influence by communities on commissioning priorities?
	+ *How are local problems being identified and communicated?*
	+ *Have any new priorities emerged?*
	+ *Is the VCSE sector involved?*
	+ *Are local forums being used?*

**D3. Since the reforms, are service users more or less likely to be involved in the co-design of specific services related to prevention?**

* *At what stages does involvement happen?*
* *How is need identified?*
* *What methods are used?*
* *How does it relate to existing structures (such as young people’s forums)?*
* *How much weight is given (advisory, equal status?)*

**D4. Have any new ‘healthy lifestyles’ initiatives been commissioned this year (2015/16)?**

* *For adults?*
* *For children?*
* If yes, from which budget(s)?
* *Public health budget?*
* *Other local authority budgets?*
* *CCG budgets?*
* *Pooled CCG/LA budgets?*
* *Education budgets (for children)?*

Examples?

**D5. Have the reforms led to differences in who is being commissioned to provide services to encourage healthy lifestyles?**

* *VCSE sector?*
* *Private providers?*
* *Health trainers?*
* *Local employees (which directorates)?*
* *GPs?*
* *NHS Trusts?*
* *Pharmacists?*
* *Community groups?*
* *Other?*
* Can you give examples of any changes and why they were made**?**

**D6. Have the reforms made a difference in where services to encourage healthy lifestyles are being provided?**

* Neighbourhood venues?
* Council locations?
* Other?
* Can you give examples of any changes and why they were made?

 **D7. Are there differences in how services are being provided?**

* *Targeting services to underserved groups or areas?*
* *Providing services for local authority staff (e.g. health checks, subsidised gym membership, lunchtime walks programme).*
* *Addressing clustering of unhealthy behaviours?*
* *Working through front line local authority staff (leisure, housing)?*
* *Using community networks?*
* *Asset-based approaches and community capacity building?*
* *Other?*

**D8. Are new approaches to integrated health and wellbeing services being developed?**

**If yes:**

* What is their main focus (lifestyle services/ preventing hospital admission/social support/social prescribing)?
* Which services are included?
* How do they link with other local authority services?

**D9. How is the NHS health check being implemented locally?**

* + *New providers?*
	+ *Access for underserved groups?*
	+ *Uptake*?
* What arrangements are in place for lifestyle services following on from the NHS health check?

**D10. Thinking about preventive services in general, are there examples where changes in services have increased uptake of services by underserved groups?**

**D11. Can you provide examples of how childhood obesity is being addressed in your local authority?**

* *Follow up services to National Child Measurement Programme****?***
* *Healthy eating initiatives?*
* *Exercise schemes?*
* *Healthy school initiatives?*
* *Weight management services?*
* *Other?*

**D12. Have the reforms led to any changes in the ways that childhood obesity is being addressed?**

* *Additional services are being provided in schools?*
* *Additional services are being provided in the community?*
* *Services are being reconfigured?*
* *New providers are being commissioned?*
* *Integrated approaches are being developed across different providers?*
* *No changes?*

Examples?

**D14.** **Are integrated approaches to child obesity being developed across different directorates?**

**D15. How would you like to see preventive services develop?**

**D16. Are there any further comments you would like to make over commissioning preventive services?**

**D17. Are there sources of information on preventive services which we could access?**

# E. Innovation

**E1. How would you define innovation in public health?**

**E2. Could you provide any examples of innovative approaches to improving health and addressing health inequalities in your local authority?**

* *New providers?*
* *New partnerships?*
* *New approaches to identifying underserved groups?*
* *Integrated servi****c****es?*
* *Working with communities?*

**E3. Are there ways in which the local authority supports innovation in public health?**

* *Through contractual means?*
* *Through use of the Social Value Act?*
* *Small grants to VCS sector to trial ideas?*
* *Community/interest group competitions or awards?*
* *Other?*

**E4. Are there incentives in place to encourage improved public health outcomes?**

* *For users of services?*
* *For providers of services?*

# F. The public health leadership role of local authorities

This section concerns the leadership role of local authorities in promoting health and in addressing health inequalities.

**F1. In your view, what are the hallmarks of successful public health leadership in local authorities?**

Examples?

* How is the new role being communicated to local populations and local employers?

**F2. How are local authority public health responsibilities reflected in decision-making structures and partnerships?**

* Does the HWB consider wider public health issues?
* Has the Health Scrutiny committee considered public health issues?

**F3. How can Elected Members best fulfil their public health role?**

* *Does the DPH report to Elected members/Executive Members other than the Chair of the HWB?*

**F4. To what extent are public health concerns ‘built in’ to local authority procedures?**

* *Including health in provider contracts (e.g, Housing Associations)?*
* *Licensing/planning decisions?*
* *Activities of front-line staff in identifying underserved groups and signposting to relevant sources of support?*
* *Partnership boards spanning health, public health and social care?*
* *Methods of decision-making: Health Impact Assessment/Health Equity Impact Assessment?*

**F5. Are there examples of public health initiatives which span different local authority directorates and other agencies?**

* *To reduce smoking?*
* *To control alcohol?*
* *To promote physical activity?*
* *To promote healthy eating?*
* *Other*?

**F6. How can local authorities further develop their role as leaders of a public health system? What needs to happen?**

* *Elected Members: More/different support available for members?*
* *Organisational arrangements?*
* *Scrutiny of public health outcomes?*
* *Local responsiveness?*
* *Achieving greater devolution?*

# G. Commissioning across the new public health system

**G1. Are local organisations coterminous? If not, what issues does this raise for public health and for commissioning preventive services?**

**G2. What role does the DPH/public health team play across the new public health system?**

* *Influencing budgets across local authority directorates?*
* *Involvement in Health Impact Assessment of policies at an early stage?*
* *Influencing local authority contractual arrangements (e.g. invitations to tender/contracts to include action to promote healthy lifestyles)?*
* *Supporting preventive services commissioned by CCGs?*
* *Influencing commissioning for preventive services across agencies?*
* *Independent voice?*

**G3. How successful are current arrangements for health protection?**

**G4. How would you describe the extent of CCG involvement in promoting health and addressing health inequalities since the reforms?**

* Are there examples of collaborative commissioning across pathways/agencies?
* Are there examples of pooled funding for preventive initiatives?
* How is the CCG been involved in addressing health inequalities?
* Has the NHS Five Year Forward View had an impact?

**G5. How can ‘local level’ public health be encouraged (working across GP practices, local authority services and local councillors)?**

**G6. Are you aware of how the reforms have affected data sharing across primary care and public health**?

* *What are the effects on the commissioning process?*

**G7. To what extent are other directorates involved in developing the Joint Strategic Needs Assessment?**

**G8. Would it be useful for local authorities to receive additional support in fulfilling their public health role?**

* *From Public Health England?*
* *From NHS Regional Team?*
* *Other?*
* **At what level should support be provided**
* *Elected member?*
* *Senior management?*
* *Service delivery?*

**G9. What do you consider the main public health challenges that need to be addressed locally?**

**G10. How could the public health commissioning system be improved?**

* *Changes in partnership arrangements/boards?*
* *Changes in accountability arrangements?*
* *Changes in tendering arrangements?*
* *Incentives?*
* *More emphasis on commissioning across agencies?*
* *Developing local responsiveness?*
* *Achieving greater devolution?*
* **Enablers for improvement?**
* **Barriers to improvement?**

# In conclusion

**Are there specific dissemination routes you would like to see us pursue?**

**Are there any sources of information/documents we should be aware of?**

**Finally, are there any other issues you would like to raise or any comments you would like to make about the interview questions or the interview process*?***

**Thank you**