

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

20 June 2016

Report of the Director of Public Health

**DERBYSHIRE HEALTH REFERRAL SCHEME
– ADDITIONAL ADMINISTRATION CAPACITY**

1. Purpose of the report:

To seek approval to fund a more efficient referral process for clients into the Health Referral Scheme, until end November 2017.

2. Information and analysis:

The Health Referral Scheme (HRS) is a free 12-week programme for sedentary adults (aged 16 plus) with a chronic condition (e.g. cardiovascular disease, mental health issue) or limited mobility who have been assessed by their GP as individuals that would benefit from exercise. The scheme is commissioned to support around 4,500 Derbyshire residents to increase their long term physical activity, improve their quality of life and reduce their risk of ill-health. The cost of the scheme is £300,000 per annum. The scheme commenced on the 1st December 2014 for a three year period and each of the district and borough councils are commissioned to provide the HRS within their locality.

The HRS is a core component of the Derbyshire Integrated Wellbeing Approach and Derbyshire Community Health Services (DCHS) are commissioned as the primary contractor to oversee the administration of the scheme including making referral appointments on behalf of clients, maintaining a central database to facilitate monitoring of the programme and providing reports.

A recent review of the scheme in consultation with all partners, identified that whilst the administration of the HRS is generally good, the current referral process is inefficient with long waiting lists, high numbers of clients referred to the service who did not attend (DNAs), inappropriate referrals and re-arrangement of unsuitable appointment times.

To enhance the efficiency of the HRS a new referral process has been agreed which involves DCHS facilitating the process by providing

information to the client in order for them to contact the provider directly and make a suitable appointment. DCHS will no longer make the appointment on the client's behalf.

The new referral system will be more efficient and have the following benefits:

- Clients are able to agree a time and day that is most suitable for them and will therefore be more likely to attend and will not have to call to re-arrange an unsuitable appointment that has been sent out in a letter.
- The individual Health Referral provider will know exactly when staff are available for appointments and able to respond immediately to any changes resulting in less cancellations and changes to booked appointments for clients.
- Providers will be more aware of waiting times and in a better position to proactively manage them in a flexible and responsive manner.
- Waiting times and DNA's should be reduced due to the elimination of inappropriate appointments.
- Client engagement should improve as evidence suggests behaviour change is more successful in people who take an active role in accessing services.
- Information on referred clients will no longer be sent by post to the provider but will be provided electronically by DCHS. This will enable providers to engage directly with clients who do not make an appointment and provide other benefits such as reduced postage costs and missing/late forms.

In addition to administering the referral process, DCHS will continue to maintain the central database and be responsible for other administration duties including performance monitoring, providing reports etc.

To facilitate the implementation of the new efficient referral process, a modest additional investment in the HRS is required to enable the providers to carry out the additional work for them in making appointments directly with clients and engaging proactively with clients who fail to make an appointment. The new referral system is expected to improve client satisfaction by offering more suitable appointments and reducing waiting times which should encourage more clients to access the HRS and increase the number of clients who complete the programme.

3. Financial considerations:

The cost of the more efficient referral process implementation is £29,970. Each district and borough council is allocated funding for the HRS based upon a minimum number of clients completing the 12 week programme and this formula would be used to allocate the additional funding. The maximum amount each provider would receive, based on demonstrable improvements in DNA's and waiting times, is detailed below:

Local Authority	Amount
Amber Valley	£4800
Bolsover	£3550
Chesterfield	£4470
Derbyshire Dales	£1920
Erewash	£4630
High Peak	£3550
North East Derbyshire	£3750
South Derbyshire	£3300
Total	£29,970

The additional funding for HRS will be met from the wellbeing service budget allocation within the Public Health Budget.

4. Other considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, and property and transport considerations. The major consideration of this report is on health and prevention of acute illness and long term conditions.

5. Background papers:

Cabinet Paper 30 September 2014, Derbyshire Integrated Wellbeing Approach

Cabinet Paper 15 April 2014 Derbyshire Integrated Wellbeing Approach (Health and Communities)

Cabinet Paper 30 July 2013 – Agenda Item 7(q): Public Health Commissioned Services in 2013-15

Cabinet Paper 12 November 2013 – Agenda Item 7(i): Derbyshire Integrated Approach to Health and Wellbeing and a New Wellbeing Service

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report? No

8. Officer's Recommendation:

That the Cabinet Member approves the additional investment of £29,970 per annum in the Health Referral Scheme until end November 2017 to facilitate a more efficient referral process for clients.

Maureen Whittaker
Interim Director of Public Health