NHS:
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THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

PURCHASER AND PROVIDER ASPECTS OF HEALTH PROMOTION

11 August 1993

Addressees

For action:

General Managers,
Health Boards

For information

General Manager,
Common Services Agency

General Manager, State Hospital

General Manager,
Health Education Board for Scotland

Chief Executives,
NHS Trusts

To be copied to:

Unit General Managers for information

Summary

1. Health boards have a responsibility to ensure that their residents receive health promotion services appropriate to their needs. The key criteria which a board as purchaser must fulfil are set out in Annex A. Provided that a board can demonstrably discharge those functions, it is free to decide the extent to which it retains the capacity to lead and support the delivery of health promotion to residents or makes a contract or service agreement with another party.

2. There is no preferred model for purchasing and provision of health promotion services. A range of possible models are set out at Annex B.

Action

3. General Managers are invited to review their existing arrangements against the template at Annex A; and, taking into consideration the models at Annex B to advise Patricia Russell in due course of their plans.

Yours sincerely

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Director of Health Care

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ANNEX A

ROLE OF PURCHASER IN HEALTH PROMOTION

The responsibilities of the Health Board as purchaser of health promotion are as follows:

- needs assessment for health promotion
- setting priorities, quality standards and targets
- developing and reviewing health promotion strategy eg key settings, key topics, key groups
- planning and contracting for implementation of strategy
- ensuring that those with which it contracts for health care maximise their opportunities for health promotion and health education eg no smoking policies, patient education
- developing joint planning/building alliances with key partners eg HEBS, local authorities, voluntary groups, employers, GPs
- monitoring implementation of the health promotion strategy
- evaluating the effectiveness of health promotion programmes and interventions.

ANNEX B

MODELS FOR PROVIDING HEALTH PROMOTION SERVICES

The core provider functions are:

- devising programmes to tackle priorities/targets in key settings and key groups identified in the strategy
- supporting and facilitating the work of "health promoters" in the field (teachers, community education workers, health visitors, GPs) by providing materials, skills based training, resources, methodology for evaluation
- monitoring and evaluation of programmes/activities and providing regular reports to the board
- working in alliance with other agencies at technical/operational level
- budget control, staff management and training
- quality assurance.

Model 1

Health promotion delivery contracted out to another party

In this model, the board would make a contract (or service level agreement) with another party such as a NHS Trust or other provider to deliver health promotion to the board's residents. Within a Trust, for example, there would be a health promotion unit or department with its own manager responsible to the Chief Executive. A variant would be to develop a service level agreement with the Health Promotion Department as a separate entity.

The contract (or service level agreement) between the board and provider would specify as regards the delivery of health promotion:

- its key objectives;
- the key settings, key groups, key topics to be covered;
- minimum activity levels and maximum costs (including staff);
- quality standards;
- evaluation and monitoring arrangements.

Strengths

- clear separation of purchaser and provider functions
- planning and contracting for health promotion would be better integrated with board's core functions
- the requirements of planning and contracting ie setting targets and priorities and defining objectives etc would sharpen (and strengthen) the focus on health promotion.
- greater focus on evaluation against key objectives

Risks

- health promotion delivery may be submerged in the main business of the Trust
- loss of direct influence by those delivering the service on needs assessment and overall health promotion strategy
- loss of "clout" in non-NHS settings
- loss of influence on other Units/Trusts.

Model 2

Health promotion delivery within all provider units

In this model, each local Trust would have a contract with the board for the delivery of health promotion programmes to appropriate settings or groups. Each Trust would have a health promotion unit or department whose manager would report to the Chief Executive. The contract would be similar to Model 1.

Strengths

- as above for model 1; and
- integrates health promotion delivery into all local provider units

Risks

- as above for model 1 (except last); and
- possible fragmentation of effort and potential inconsistencies and thus less impact
- possible duplication of effort
- too much emphasis on NHS setting to detriment of wider community
- multiple contacts a problem for other agencies

Model 3

Health promotion delivery from Board

In this model, the whole health promotion department remains within the health board structure. The health promotion manager would be responsible (either to the Director of Public Health/CAMO or Director of Health Promotion or to other executive board member or directly to the board for the implementation of the strategy, through appropriate health promotion programmes.

Strengths

- expertise to support the building of healthy alliances; other agencies more responsive to board leadership
- close links between strategic planning and health promotion delivery
- facilitate health promotion input into contract specification
- clear single structure and focus for health promotion staff

Risks

- goes against the flow of health board focusing on purchaser role
- less incentive to clear specification (because no contract)