

Recommendations from Joint Public Health Board – 24 September 2018

Future of the Public Health Partnership: Update and Key Issues under Local Government Reorganisation

37 The Board received a report by the Acting Director of Public Health updating on key issues to consider as the public health partnership prepared for Local Government Reorganisation (LGR) in 2019. This included the work of the Task and Finish Group on the model of service, maintaining the contract and agreement in support of the partnership, and ensuring good governance on key decisions pre- and post- LGR. Members noted that they would receive an update at their meeting in November on the recommendations from the Task and Finish Group.

The proposal was to seek agreement - via the two Shadow Executive Committees of Dorset Council and Bournemouth, Christchurch and Poole Council - to extend the public health partnership for a minimum 24 months post- LGR, along with a continuation of the Board.

The Board considered what the current partnership model offered and how this might look following LGR so that how public health might be best delivered could be maintained. Of particular interest was how the contract would be designed and what length of time this should be; governance arrangements; and the future composition of the Board.

The Board considered that those recipients of GP referrals could access sports/leisure centres more readily so as to make use of what they offered.

The Board were pleased to know that Public Health England were satisfied with the arrangements the partnership had as it stood and the model that was being implemented and felt this would serve to stand them in good stead moving forward. The economies of scale associated with the model allowed for the opportunity for an improvement and enhancement of public health activities, but there was also a need to expand accessibility to other councillors about what the partnership did and how it operated. This could be better achieved by ensuring that any future report included reference to a public health impact assessment, which would draw attention to the integral part public health played in each and every service. Furthermore it was suggested that a seminar for both new Councils should be held on the work of Public Health Dorset and how it linked with the Health and Wellbeing Board, whilst differentiating between the work of the two Boards.

Whilst it was being recommended that the current partnership arrangements should be maintained for a minimum of 24 months following LGR, the Board considered such a commitment was too prolonged should it be necessary for there to be an opportunity to deliver the public health agenda in an alternative way to suit what needs had to be met. Accordingly, the Board were more inclined to agree to a 12 months limit - to be reviewed thereafter - which would allow sufficient time for the partnership to continue to deliver its agenda in a practical, sustained and managed way, whilst subsequently providing that opportunity for arrangements to be adapted if necessary. On reflection, officers considered that 12 months was a reasonable compromise which would still achieve all that was necessary. Furthermore, this would still provide for the legal basis of the partnership - via the Shared Services Agreement - to be honoured and maintained.

Regarding the composition of Board from the options available, members considered that this could be determined over time whilst allowing for some flexibility in how the partnership continued to operate.

On that basis, the Board considered that support should be given to the way in which progress was being made, to take into account the provisions of LGR and that 12 months would be sufficient to provide for an extension to the partnership arrangements post LGR and - that following consideration by the constituent authorities Executive Committee's - the two Shadow Council's Executive Committees should be asked to endorse this approach.

Resolved

That progress made to date with establishing the future of the public health partnership under LGR be noted and supported.

That the proposed arrangements for governance in the lead up to LGR and beyond be supported, with endorsement of a commitment being sought in advance of LGR - following consideration by the constituent authorities Executive Committee's - via the Shadow Executive Committees of Dorset Council and Bournemouth, Christchurch and Poole Council, to maintain the partnership for up to 12 months following LGR in April 2019.

Reason for Recommendation

To maintain the partnership agreement for public health pre- and post- LGR, ensuring good governance and clear decision making as LGR progressed, and the continued effective delivery of the statutory legal public health duties of local authorities.

NHS Health Checks Service Model

- 39 The Board considered a report by the Acting Director of Public Health in providing an update on the development of a new model for delivery of the NHS Health Check Programme, and presented a proposed procurement approach. Officers explained that a new model was needed because the previous procurement process had resulted in many fewer people being invited to take part in the programme, which had adversely affected performance. This was largely due to the issue that contracts to offer the free check-ups were divided between pharmacies and GP partnerships across the county when these had been awarded in 2015. However, concern at the ability to successfully achieve all that was hoped had persisted in some areas - particularly those run by pharmacies - because they were unable to readily access patient's data. Consequently, the ability to provide the desired number of health checks had been compromised. The Board understood the need for this to be addressed and a practical means found for doing this.

Accordingly, the Board were informed of the background and rationale for change; updated on the mode of delivery and the recommended procurement model; and what was being recommended as a means to procure and award.

In acknowledging that the take up for health checks was markedly below what was expected or hoped, a new mechanism for improving this was being proposed, being based on the principles that:-

- the NHS Health Check Programme in Dorset needed to have the GP clinical record restored at the heart of the invitation and outcomes recording process;
- the NHS health check was not the end of the process, but rather an opportunity for lifestyle changes to be made;
- there should be plurality of providers to ensure patient choice.

A series of options for the delivery and procurement models had been explored and, based on the three principles agreed above, the procurement method proposed as the best option was - principally - that the contract for health check invitations should be directly awarded to those individual General Practices willing to participate, based upon one negotiated fee. It was considered that this approach would achieve the best results and outcomes. The timescale and budget implications for this were set out in the report too. Public Health Dorset and the Dorset Clinical Commissioning Group had assessed what needed to be done to improve the ability for health checks to be offered as anticipated.

The Board also acknowledged that for this service to be successful, the necessary processes should be complied with and followed in all cases. This in itself was seen to provide for a better understanding of what was being offered and what the take up was. In unifying the invitation for and undertaking of checks should markedly improve the results being seen. There was a need for the benefits of health checks to be better publicised and understood, in being seen not only as a preventive measure but as a means of identifying issues before they became critical. There was a case for these to be incentivised, if necessary, and targeted to ensure the greatest needs were met.

Once again there was a call for all Councillors to be better informed of what was being done, how it was being done and what benefits were being seen as a result of the checks to enhance their understanding.

The Board considered that on this basis it should be

Resolved

That the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery across areas, be recognised and noted;

That the work being done to date to re-engage primary care with the Programme be acknowledged;

That the proposed health checks delivery model of directly awarding a contract for invitations to GPs, and to use a flexible framework for the delivery of health checks allowing different providers to join, be approved;

That the proposed budget for 2019/20 of £600,000 be agreed;

That the procurement and award of a new framework agreement for delivery of Health Checks be approved.

That those resolutions be endorsed by the three constituent authorities Executive Committees, as necessary.

Reason for Decision

To enable service continuation and transformation through procurement.

Cabinet – 17 October 2018