

Agenda Item:

11

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	17 July, 2014
Officer	Director of Public Health, Dr David Phillips
Subject of Report	Commissioning Development Update
Executive Summary	<p>This paper provides an update on commissioning developments over the last quarter. It corresponds with the commissioning intentions signed off by the Joint Public Health Board at the previous meeting on 4th February, 2014.</p> <p>The paper covers three main areas:</p> <ul style="list-style-type: none"> • An overview of progress against the public health work plan. • The development of a Health Improvement Hub. Approval is sought to allow for the procurement of this service to go ahead. • The development of a Dynamic Purchasing System (DPS) that will improve the commissioning of community health improvement services in support of the Health Improvement Hub. Again approval is sought that will allow for the procurement of these services to commence.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>A full equalities impact assessment has been carried out in advance of commissioning the new health improvement hub. Further advice is being sought from the Equalities Officer at DCC about the inclusion of specific consultation and engagement questions around access to the hub that should be included in the public consultation, which is ongoing.</p> <p>A renewed set of equalities impact assessments is not required for the establishment of a DPS for community health improvement services. This is because the initial phase of the project will see the transfer of existing community services from fixed term contracts to the DPS without inherently being redesigned. As and</p>

	<p>when these services are subject to modification, equalities impact assessments will be undertaken as part of the development process.</p> <p>Use of Evidence:</p> <p>The Commissioning Development Update makes use of:</p> <ul style="list-style-type: none"> • Internal performance monitoring information • Information derived from public consultation and provider engagement events. • Latest evidence of what is effective in supporting behaviour change. • Information on effective procurement options provided by Dorset Procurement.
	<p>Budget:</p> <p>Anticipated contract values for the Hub element are likely to be within the ranges for each of the three years:</p> <ul style="list-style-type: none"> • Year 1 ranging between £300k GBP to £550k GBP • Year 2 ranging from £450k GBP to £750k GBP • Year 3 ranging between £650k GBP to £1,000k GBP <p>The commissioning of the hub is likely to be part-funded from savings as a result of changes to some of the existing commissioned health improvement pathways. The hub is not likely to require substantial additional recurrent revenue investment in years 1-2, but may require decisions about increasing revenue in year 3 as it develops as a provider.</p> <p>Work is underway to model the potential change in costs and benefits in moving from the current health improvement system to the system that we envisage after the hub has been procured. Preliminary analysis suggests that there is the potential to realise annual savings of up to £1.2m from current service provision models which could form the basis of a sustainable source of revenue to support the new system. In addition 2014/15 costs for the project have been agreed by the Joint Public Health Board to be funded out of savings from the 2013/14 budget.</p>
	<p>The establishment of a DPS for the commissioning of community health improvement services will have no direct impact on budgets in the first instance as it simply means the transfer of existing community services to an alternative procurement vehicle. The development of any additional community services under the DPS will need to be set out as commissioning intentions for the Joint Board to consider in future.</p>

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk: LOW</p>
<p>Recommendations</p>	<p>It is recommended that the Joint Public Health Board:</p> <p>(i) Notes progress against the public health work plan.</p> <p>(ii) Approves the commencement of a procurement and award of an arrangement for the creation of a Dorset Health Improvement Hub</p> <p>(iii) Approves the use of a DPS in relation to the community health improvement services.</p> <ul style="list-style-type: none"> – Approves ‘going to market’ by placing a Contract Notice in the OJEU in early January 2015. This signals the commencement of the process by which the DPS will be established and allows for the appointment of the first tranche of providers. – Approves the publication of an earlier Prior Information Notice in the OJEU, this will reduce the overall timescale of the procurement process.
<p>Reason for Recommendations</p>	<p>To enable future development of the health improvement system and for procurement processes to commence.</p>
<p>Appendices</p>	<p>Appendix 1: Progress Against Public Health Work Plan</p> <p>Appendix 2a: Business Case for the Provision of a Dorset Health Improvement Hub</p> <p>Appendix 2b: Prospectus: Health Improvement in Dorset, and Integrated Lifestyle Offer</p> <p>Appendix 3: Developing Community Health Improvement Services that are Fit for the Future – Plans for a Dynamic Purchasing System</p>
<p>Report Originator and Contact</p>	<p>Name: Dr Jane Horne, Consultant in Public Health Tel: 01305 225872 Email: j.horne@dorsetcc.gov.uk</p> <p>Name: Sam Crowe, Assistant Director of Public Health Tel: 01202 451828 Email: s.crowe@dorsetcc.gov.uk</p> <p>Name: Chris Ricketts, Head of Programmes Tel: 01305 225863 Email: c.ricketts@dorsetcc.gov.uk</p>

1. Background

- 1.1 This paper provides an update on commissioning developments over the last quarter. It corresponds with the commissioning intentions signed off by the Joint Public Health Board at the previous meeting on 4th February, 2014.
- 1.2 The paper covers three main areas:
 - An overview of progress against the public health work plan.
 - The development of a Health Improvement Hub. Approval is sought to allow for the procurement of this service to go ahead.
 - The development of a Dynamic Purchasing System (DPS) that will improve the commissioning of community health improvement services in support of the Health Improvement Hub. Again approval is sought that will allow for the procurement of these services to commence.

2. Overview of progress against the work plan

- 2.1 A report updating on progress against the work plan is included at **Appendix 1**. A red/amber/green status has been indicated against each area, with commentary and identified next steps. Over half the work plan is complete and progress is on track for the remainder.

Recommendation 1:

The Joint Public Health Board is asked to note progress against the public health work plan set out in Appendix 1.

3. Development of a Dorset Health Improvement Hub

- 3.1 Dorset County Council, on behalf of Public Health Dorset, is seeking to conduct a fully EU compliant procurement process for the creation of a Dorset Health Improvement Hub that will provide the principal 'front door' to health improvement services available for the population within the County of Dorset.
- 3.2 The hub will focus on provision of the core elements of customer service, client engagement and motivation, referral and management of individuals to health improvement pathways including generic low level behaviour change support and regular follow up. This will include provision of behavioural interventions for alcohol, physical activity, healthy weight and smoking and not more specialist or intensive support. The successful provider will be able to handle data flows effectively and efficiently, including developing a secure database for reporting the volume and impact of their activity and also outcomes by pathway.
- 3.3 More detail on the development of the Health Improvement Hub is included in:
 - **Appendix 2a:** Business Case
 - **Appendix 2b:** Prospectus
- 3.4 The commissioning of the hub is likely to be part-funded from savings as a result of changes to some of the existing commissioned health improvement pathways. The hub is not likely to require substantial additional recurrent revenue investment in years 1-2, but may require decisions about increasing revenue in year 3 as it develops as a provider. This is so that it can develop a workforce to support delivery of behaviour change interventions across all localities in Dorset, including training

and developing other key staff groups working in universal settings such as primary care.

- 3.5 Work is underway to model the potential change in costs and benefits in moving from the current health improvement system to the system that we envisage after the hub has been procured. Preliminary analysis suggests that there is the potential to realise annual savings of up to £1.2m from current service provision models which could form the basis of a sustainable source of revenue to support the new system. In addition 2014/15 costs for the project have been agreed by the Joint Public Health Board to be funded out of savings from the 2013/14 budget.
- 3.6 Anticipated contract values for the Hub element are likely to be within the ranges for each of the three years:
- Year 1 ranging between £300k GBP to £550k GBP
 - Year 2 ranging from £450k GBP to £750k GBP
 - Year 3 ranging between £650k GBP to £1,000k GBP

The range in anticipated contract values reflects the hereto unknown volume of activity as well as the potential to implement different elements of the service ahead of schedule. All these cost ranges fall well within existing resource availability from current contracts for these services and savings already realised and planned.

- 3.7 A supplier engagement event was carried out on 17th June 2014 as an opportunity for interested providers to discuss the proposed model. A further event is planned for 9th September to ensure that the final scope is achievable before going to tender.
- 3.8 In addition to the indicative value range for the main contract there are some costs associated with holding the supplier engagement events and printing the prospectus used for engagement and consultation. There are also further costs anticipated in developing the specification for the hub, which will require input from a digital / customer relations management company. The total cost for these elements to support the commissioning and procurement cycle are estimated to be no more than £15,000.

Recommendation 2:

The Joint Public Health Board is asked to approve the commencement of a procurement and award of an arrangement for the creation of a Dorset Health Improvement Hub

4. Development of a DPS for community health improvement services.

- 4.1 As set out above, the Health Improvement Hub will provide the ‘front door’ for health improvement services, engaging and motivating individuals, as well as managing referrals and undertaking follow-up of people accessing various health improvement pathways. Clearly, developing these pathways is the other key component of commissioning an effective health improvement system. Whilst the public health team has made good progress in transferring contracts from NHS to local authority arrangements over the last year, the existing health improvement pathways remain a legacy of former working under PCTs and do not reflect aspirations for the new system. Furthermore, EU procurement regulations require Public Health Dorset to re-tender these services within a set time period, so there is opportunity to improve on how this is done.

- 4.2 **Appendix 3** sets out a proposal for establishing a DPS for the commissioning of health improvement services. A DPS will allow existing services to be procured on a more sustainable footing, whilst enabling greater flexibility for services to be transformed over time, in line with developing new pathways that interrelate with the Health Improvement Hub. The DPS offers significant advantages over other procurement options and whilst there is likely to be a significant amount of officer time required for it to be set up, there will be more substantial efficiency gains to be had in the future.
- 4.3 There will be no additional budgetary implications over the first year, whilst the DPS is limited in the provision of opportunities within the current service list; however the DPS will enable the commissioning of extra activity as deemed appropriate in future, some of which may have an impact on budgets. Any such implications would require the approval of commissioning plans through the Joint Public Health Board in the normal way.

Recommendation 3:

The Joint Public Health Board is asked to:

- **approve the use of a DPS in relation to the community health improvement services set out in Appendix 3.**
- **grant permission for Public Health Dorset to ‘go to market’ by placing a Contract Notice in the OJEU in early January 2015. This signals the commencement of the process by which the DPS will be established and allows for the appointment of the first tranche of providers.**
- **approve the publication of an earlier Prior Information Notice in the OJEU, this will reduce the overall timescale of the procurement process.**

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
NHS HEALTH CHECKS				
Single contract and price for 14/15	April 2014: new contract issued with single price	Contracts signed	<ul style="list-style-type: none"> Ongoing contract management 	<ul style="list-style-type: none"> There have been small changes in numbers of providers signing up to the new terms. saving per check compared with 2013/14.
Outreach service for seldom heard groups and areas of high need	September 2014: prepare for tender under new framework being developed by DCC procurement	Framework drafted	<ul style="list-style-type: none"> Discussion at Joint Public Health Board July 2014 to agree approach 	<ul style="list-style-type: none"> transparent way of bringing new suppliers into the market to deliver checks in new ways and in different settings. Will be a key part of improving uptake in deprived areas.
Communications and marketing in selected geographical areas	February 2014: Communications plan with clear costed activity in priority areas	Campaigns and targeted activity have taken place	<ul style="list-style-type: none"> Evaluate effectiveness of campaigns Build ongoing work into communications work plan 	<ul style="list-style-type: none"> Should translate into more requests for checks direct to GP and pharmacies in the target areas.

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
SMOKING CESSATION AND TOBACCO CONTROL				
Re-commission maternity services relating to smoking in pregnancy	<p>April 2014: Agree new integrated model of smoking cessation to be delivered by midwifery teams.</p> <p>May – June 2014: Agree service specification, recruit specialist midwives</p> <p>July 2014: Implement training across the 3 maternity teams</p> <p>October 2014: commence new service across all 3 Trusts</p>	<p>Model agreed</p> <p>Service specification drafted</p> <p>Negotiating contract variation</p>	<ul style="list-style-type: none"> • Agree contract variation • Implement training • Commence new service from Q3 	<ul style="list-style-type: none"> • more accessible smoking cessation support for women that smoke during pregnancy. • improved outcome – fewer women smoking at the time of delivery.
Establish Tobacco Control Alliance and strategy	<p>February 2014: Launch the new Tobacco Control Alliance (TCA).</p> <p>May 2014: Agree terms of reference at the first TCA Board meeting and agree annual work programme.</p>	<p>Launch event 12 Feb</p> <p>Board meeting 1 May</p>	<ul style="list-style-type: none"> • Develop work plan for the Tobacco Control Alliance 	<ul style="list-style-type: none"> • co-ordinate actions across Bournemouth, Dorset and Poole to reduce smoking prevalence, prioritising those most at risk of harm.
Commission more unified approach to smoking cessation	<p>April 2014: New contracts issued with a single price for all primary care providers and the incorporation of 12-week monitoring.</p>	<p>New contracts with GPs, Pharmacies and DHUFT signed</p>	<ul style="list-style-type: none"> • Ongoing contract management 	<ul style="list-style-type: none"> • Improve the efficiency and effectiveness of smoking cessation services, with more of a focus on cessation in the longer term.
Ensuring robust contracts with pharmacies and GPs	<p>April 2014: New contract issued with single price for pharmacies, and updated service spec for GPs.</p>	<p>Contracts signed</p>	<ul style="list-style-type: none"> • Ongoing contract management 	

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
DRUGS AND ALCOHOL				
Review & re-procure inpatient detoxification services	<p>Sep 2014: Needs Assessment</p> <p>Nov-Dec 2014: Consultation with service users</p> <p>May 2014: Options paper to JPHB</p> <p>Dec 14 –Jan 15: Communicate plan</p> <p>April 2015: Go live with new service</p>	Options paper to Joint Public Health Board May 2014	<ul style="list-style-type: none"> Further paper to Joint Public Health Board in July 2014. 	<ul style="list-style-type: none"> improved efficiency and equity of existing service. Support development of improved community detoxification system.
Address inequities in provision including supervised consumption in pharmacies, primary care shared care; access to testing for blood borne viruses	April 2014: New contract issued with single price for pharmacies; and updated service spec for GPs.	Pharmacies signed to single price contract GPs signed to updated service spec.	<ul style="list-style-type: none"> Review of shared care arrangements across Bournemouth, Dorset and Poole, to inform commissioning for 2015/16. Develop business case to implement dried blood spot testing in Poole. 	<ul style="list-style-type: none"> reduced harm to service users from their drug misuse.
WEIGHT AND PHYSICAL ACTIVITY				
Re-commission Healthy Choices hub to address need in Bournemouth and Poole	April 2014: New contract issued for one year to cover additional activity in Bournemouth and Poole	Service is now live	<ul style="list-style-type: none"> For 2015/16 this will be incorporated into the plans for integrated health improvement service. 	<ul style="list-style-type: none"> Additional 2,200 referrals of adults seeking help with their weight in Bournemouth and Poole for the first time.
Extend Healthy Choices to Bournemouth and Poole	April 2014: Successful tender for weight management providers to supply services in Bournemouth and Poole.	Service is now live	<ul style="list-style-type: none"> Ongoing contract management 	<ul style="list-style-type: none"> Expect 62% of adults in the new programme will lose a minimum 5% body weight by week 12.

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
SEXUAL HEALTH				
Develop contract variations for each provider to ensure robust and timely data collection in LES contracts	<p>Feb 2014:Price scoping and review to assess cost effectiveness and contract value with equity across Dorset complete</p> <p>April 2014: new DCC contract issued with single price</p>	All contracts now signed and include data and quality measures	<ul style="list-style-type: none"> Contract management information will feed into the sexual health service review during 2014/15 	<ul style="list-style-type: none"> The new contract offers equity and value for money across Dorset as some prices were higher than others both in Dorset and nationally.
To renegotiate the Chlamydia provision according to outcomes	<p>Feb 2014:Needs assessment undertaken and Chlamydia review complete</p> <p>Mar 2014:Updated targeted model agreed</p>	Service specification updated	<ul style="list-style-type: none"> Contract management information will feed into the sexual health service review during 2014/15 	<ul style="list-style-type: none"> offers a targeted approach based on areas of higher positivity. incorporated into general sexual health testing as part of a more integrated approach.
CHILDREN AND YOUNG PEOPLE				
Review of public health nursing offer to school age children	<p>Needs assessment</p> <p>Wessex wide school nurse group</p>	<p>Needs Assessment underway</p> <p>Member of Wessex wide school nurse group</p>	<ul style="list-style-type: none"> Establish multi-agency steering group Agree scope of review Align with local authority partners work Consider interdependencies including role of the Health Visitor and 0-5 offer 	<ul style="list-style-type: none"> Opportunity for development of efficient, equitable services to be developed pan Dorset with an integrated approach to commissioning, funding and outcomes

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
Children’s centre mapping of 0-5 offer with partners	August 2014: Review of progress at Joint Operating Group for children		<ul style="list-style-type: none"> Consider interdependencies including role of the Health Visitor and school age offer 	<ul style="list-style-type: none"> Opportunity for development of efficient, equitable services to be developed pan Dorset with an integrated approach to commissioning, funding and outcomes
Support and alignment of children’s centre profiles	April 2014: Multiagency profiles steering group set up	Initial meeting April 2014	<ul style="list-style-type: none"> Review of current arrangements 	<ul style="list-style-type: none"> Facilitate improved reach and targeting of children’s centre offer
INTEGRATED HEALTH IMPROVEMENT SERVICES				
Single point of access for all enquiries and referrals	<p>Summer 2014: Supplier events to shape specification and model for Dorset.</p> <p>Autumn 2014: Start tender process</p> <p>April 2015: Go live with new single point of access</p>	First supplier event held June 2014	<ul style="list-style-type: none"> Discussion at Joint Public Health Board July 2014 to agree next steps 	<ul style="list-style-type: none"> Improved signposting and referral for adult health improvement services Better engagement of primary care following NHS Health Check Greater efficiency Better chance of tracking longer term outcomes
Clear lifestyle offer for all residents	<p>April 2014: Improve marketing of existing pathways following NHS health check</p> <p>Summer 2014: Review effectiveness of key services especially smoking</p> <p>August: New specification for integrated health improvement service, plus specification for website</p>	Improved comms and marketing for existing pathways developed	<ul style="list-style-type: none"> Review of elements within health improvement remit 	<ul style="list-style-type: none"> Improve take up of health improvement services Better integration between NHS Health Check and support for those at higher risk <p>More people supported to make changes that improve their health</p>

Programme / activity	Key milestones	Progress	Next steps	What difference will it make?
Develop consumer insight	<p>January 2014: Review existing local research on health improvement</p> <p>Spring 2014: Write communications and engagement plan</p> <p>Summer 2014: Use results in preparing new service specification</p>	<p>Local research summary complete</p> <p>Communication and engagement plan in place</p>	<ul style="list-style-type: none"> Use insight from supplier events in preparing new service spec. 	<ul style="list-style-type: none"> Ensure new service that is commissioned is accessible to different groups across Dorset

Green – complete
Amber – in progress, on track
Red – behind schedule

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BUSINESS CASE

Project Name	Provision of a Dorset Health Improvement Hub
Author:	Dawn Adams, Dorset Procurement
Project Sponsor:	David Phillips, Director of Public Health
Release	Draft/ Final Date: 24 June 2014
Revision:	Final

Purpose

The purpose of this Business Case is to record the initial stage of the procurement activity in relation to securing the provision of a Dorset Health Improvement Hub.

Contents This Business Case contains the following topics:

1	Reasons
2	Options
3	Benefits Expected
4	Costs
5	Risks
6	Timescales
7	Investment Appraisal

1. Reasons

On 1st April 2013 the responsibility for public health services within the County of Dorset transferred from the NHS to the local authorities of Dorset County Council, Bournemouth Borough Council and the Borough of Poole. All working together as Public Health Dorset with Dorset County Council being the host authority.

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As this responsibility is with local authorities all spend, contracts, etc., are subject to competitive tender in line with The Public Regulations 2006 and EU Regulations.

2. Options

Dorset County Council, on behalf of Public Health Dorset, is considering seeking tenders for the creation of a Dorset Health Improvement Hub that will provide the principal 'front door' to health improvement services available for the population of Dorset.

Consideration is being given to letting a contract for up to seven years (with break points) comprising a mixture of core funding plus a payment by results element, the latter based on activity and successfully completed outcomes within specific health improvement pathways.

The specification is being developed in consultation with a range of parties. The hub will focus on the core elements of customer service, client engagement and motivation, referral and management of individuals to health improvement pathways including generic low level behaviour change support.

This will include provision of brief interventions for alcohol, physical activity and smoking but not more specialist or intensive support. The provider will need to be able to handle data flows effectively and efficiently, including developing a secure database for reporting the volume and impact of their activity and also outcomes by pathway.

3. Benefits Expected

To fully understand the potential benefits and if these can be realised under such a model, the Council intends to provide the opportunity for interested providers to discuss the proposed model of specification and in so doing discuss/encourage collaboration where providers may have different skills and experience. The Council is therefore issuing an EU Prior Information Notice (PIN) to invite interested providers to attend the following Supplier Engagement Events.

Date and Times

Title: Dorset Health Improvement Hub [First Supplier Engagement]
Purpose: Discuss initial scope and aims
Date: Tuesday 17th June 2014
Time: 10.00am – finish 2.00pm max

Title: Dorset Health Improvement Hub [Second Supplier Engagement]
Purpose: Discuss draft final purpose and scope of tender
Date: Tuesday 9th September 2014
Time: 10.00am – finish 2.00pm max

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Venue for Both Events

Bournemouth International Centre (BIC), Exeter Road, Bournemouth, BH2 5BH

Prospectus

Public Health Dorset has developed an initial prospectus on the purpose and scope of this project to share with interested providers. A public version is also being produced to support the engagement and consultation work in Dorset about accessing the proposed new service.

Communication

To manage this and future procurements Public Health Dorset has set up the following dedicated email address for all enquiries.

Email: PHTenders@dorsetcc.gov.uk

Dorset Procurement shall ensure clear lines of communication via this email address during the period between PIN and commencement of the formal procurement process.

4. Costs

The estimated cost of each supplier event is in range of £ 2,000 to £2,500 dependant on number of employees supporting, travel cost, hours, number of hardcopy prospectus printed for the events and number of attendees. The fixed costs are:

Hire of Conference Room - Supplier Event

@ £ 700 per day

Bournemouth International Centre (BIC)

Refreshments for Potential Attendees - Supplier Event

@ £ 3.00 per person

Cost including: coffee; tea; biscuits

5. Risks

The purpose of supplier engagement is to inform the scope and also to consider potential risks / risk mitigation.

Initially the risks identified are in terms of the potential level of spend, ensuring EU compliance and reputational impact of not delivering the project satisfactorily.



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6. Timescales

The following is an extract of the project timetable based on anticipated work known at this point in time:

Task Name	Responsibility	Start	Finish
PROJECT START	DA	01/04/2014	
Early Market Engagement / Research	Project Team	01/04/2014	30/06/2014
Business Case / Work Plan approval	DA	30/05/2014	30/05/2014
EQI, Risk, SIA etc	DA	12/05/2014	19/08/2014
Developing of Purpose and Scope	DA	12/05/2014	30/10/2014
Prior Information Notice - Draft approved	DA	08/05/2014	08/05/2014
Prior Information Notice - Submitted	DA	14/05/2014	14/05/2014
Prior Information Notice - Published	DA	16/05/2014	16/05/2014
PH Board / Cabinet Approval	SC	July 2014	July 2014
SUPPLIER ENGAGEMENT	DA	01/05/2014	
Book Venue for Events	PH Admin	01/05/2014	01/05/2014
Produce Engagement Media - Presentations	Project Team	07/05/2014	05/06/2014
Team Meeting - Prep / Engagement Briefing	Project Team	11/06/2014	11/06/2014
<u>Supplier Event 1 : 17th June 2014</u>	DA	17/06/2014	17/06/2014
Collate & Produce Summary Feedback	DA	18/06/2014	24/06/2014
Team Meeting - Review	Project Team	26/06/2014	02/07/2014
Amend / Feed into Scope Development	DA	03/07/2014	03/07/2014
Produce Engagement Media - Presentations	Project Team	04/07/2014	02/08/2014
<u>Supplier Event 2: 9th September 2014</u>	DA	09/09/2014	09/09/2014
Collate & Produce Summary Feedback	DA	10/09/2014	10/09/2014
Team Meeting - Review	Project Team	17/09/2014	17/09/2014
Amend / Feed into Scope Development	DA	18/09/2014	18/09/2014
Review EQI, Risk, SIA etc - Finalise	Project Team	10/09/2014	16/09/2014
End of Scoping	DA	30/09/2014	30/09/2014
Finalise PID - seek approval	DA	10/09/2014	30/09/2014
TENDER PREPARATION	DA	01/10/2014	
Agree final scope	Project Team	01/10/2014	01/10/2014
Terms and Conditions - Approved	Project Team	10/09/2014	30/09/2014



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Plan Contracting Model / questions etc	Project Team	10/09/2014	30/09/2014
Agree Contracting Model / questions etc	Project Team	30/09/2014	30/09/2014
PID completed and approved	Project Team	30/09/2014	06/10/2014
Tender Evaluation Model - Submitted	DA	06/10/2014	06/10/2014
Tender Evaluation Model - Approved	DA	06/10/2014	12/10/2014
E-Tender Build - 3 weeks poss	DA	30/09/2014	20/10/2014
OJEU Contract Notice - Draft	DA	06/10/2014	06/10/2014
OJEU Contract Notice - Draft Approved	DA	06/10/2014	10/10/2014
Implementation / Communication Plan - Scoped	PH Team	10/09/2014	30/09/2014
TENDER PROCESS	DA	01/10/2014	
OJEU Contract Notice - Submitted (5 days max)	DA	01/10/2014	05/10/2014
OJEU Contract Notice - Published	DA	05/10/2014	05/10/2014
Tender Release	DA	05/10/2014	05/10/2014
Clarifications Closed - 7 Working Days	DA	14/11/2014	06/11/2014
Tender - Opening Date	DA	14/11/2014	14/11/2014
Tender - Return Period (Start / End)	DA	06/10/2014	14/11/2014
Company Accounts - Submit to Accountancy	DA	17/11/2014	30/11/2014
Tender - Evaluation Period (Start / End)	Project Team	17/11/2014	30/11/2014
Tender - Evaluation Concluded	Project Team	01/12/2014	01/12/2014
Tender Award Report - Approved	DA	02/12/2014	08/12/2014
Successful Tenderers - Proposed Award Notified	DA	09/12/2014	09/12/2014
Unsuccessful Tenderers - Proposed Award Notified	DA	09/12/2014	09/12/2014
Standstill Period - 10 Calender Days	DA	10/12/2014	19/12/2014
Formal Award - Tenderers Notified	DA	22/12/2014	22/12/2014

7. Investment Appraisal

The commissioning of the hub is likely to be part-funded from savings as a result of changes to some of the existing commissioned health improvement pathways. The hub is not likely to require substantial additional recurrent revenue investment in years 1-2, but may require decisions about increasing revenue in year 3 as it develops as a provider.

Work is currently underway to model the potential change in costs and benefits in moving from the current health improvement system to the system that we envisage after the hub has been procured.

Preliminary analysis suggests that there is the potential to realise annual savings of up to £1.2m from current service provision models which could form the basis of a sustainable source of revenue to support the new system. In addition 14/15 costs for the

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project have been agreed by the Joint Public Health Board to be funded out of savings from the 13/14 budget.

** (allowing for commissioning changes in 14/15)*

Indicative Value Range – health improvement hub

Anticipated contract values for the Hub element are likely to be within the ranges for each of the three years:

- Year 1 ranging between 300,000 GBP to 550,000 GBP
- Year 2 ranging from 450,000 GBP to 750,000 GBP
- Year 3 ranging between 650,000 GBP to 1,000,000 GBP

The range in anticipated contract values reflects the hereto unknown volume of activity as well as the potential to implement different elements of the service ahead of schedule. All these cost ranges fall well within existing resource availability from current contracts for these services and savings already realised and planned.

The aim of supplier engagement is to ensure that the scope is achievable before going to tender. This proposal is deemed to be prudent bearing in mind, a) the cost of a full procurement exercise; b) carrying out a procurement exercise that does not secure a satisfactory outcome / not fit for purpose; c) the high level of spend; and d) reputational risk of both Dorset County Council and Public Health Dorset as answerable to all three authorities.

Feedback from the first supplier event on June 17th has indicated a lot of interest from a range of local and national organisations potentially interested in the tender opportunity. There was strong support for a consortia approach to bidding against the specification. Further feedback indicates that construction and operation of a health improvement website to support the role of the hub should be considered in scope for this tender. The final costs will therefore have to include costings for the development of the website as well.

Health improvement in Dorset

An integrated lifestyles offer



WHO IS PUBLIC HEALTH DORSET?

We are the public health service supporting Dorset County Council, Bournemouth Borough Council and the Borough of Poole, which transferred from the NHS on 1 April 2013 as part of the changes in the Health and Social Care Act 2012.

Councils now have a legal duty to improve the health and wellbeing of residents and to reduce differences in health outcomes between populations they serve.

Public Health Dorset commissions a range of mandatory and non-mandatory public health services, including health improvement, NHS Health Checks programme, sexual health services and drug and alcohol services in partnership with the councils.

We serve a diverse population of 750,000 covering rural and urban areas – some small areas of which are among the most deprived in the South West of England.

GLOSSARY OF TERMS

BEHAVIOUR CHANGE

The application of scientific principles to changing behaviours that can have a detrimental effect on health.

BRIEF INTERVENTION (BI)

A set of techniques used in a one to one situation aimed at identifying a health risk due to a particular behaviour, discussing those risks and encouraging them to think differently about that behaviour and its implications for health.

COMMUNITY HEALTH CHAMPION

Usually a volunteer, who may have some low level training in supporting people to make changes to behaviours that can affect health. Often they will have had personal experience of overcoming these health behaviours.

HUB

The central administration function we intend to commission that will co-ordinate the engagement, assessment and referral of people to health

improvement support. Sometimes also referred to as a Single Point of Contact (SPOC).

HEALTH IMPROVEMENT (HI)

MOTIVATIONAL INTERVIEWING (MI)

Motivational Interviewing – a non-judgemental approach to increasing awareness about the potential consequences of a behaviour, and then guiding a person through increasing steps to making changes based on an acknowledgement of their readiness to change at each stage.

NHS HEALTH CHECK

A mandatory national public health programme commissioned by all local authorities in England which aims to offer a fifth of the population aged 40-74 a cardiovascular risk check each year.

NICE GUIDANCE

Guidance produced by the National Institute for Clinical Excellence, which uses expert groups

to develop up to date frameworks for ensuring interventions are based on the best available evidence of effectiveness and cost-effectiveness.

OUTCOMES

A measurable end result. In health usually used to refer to a measurable change in a health state such as smoking or not smoking, with disease or free from disease. Different to process measures which usually count how many processes people have undergone, e.g. attendance at a stop smoking clinic.

UNIVERSAL SERVICE

The base level of service that every resident of a local authority can expect to receive – e.g. schools, as opposed to services delivered against an assessment of need such as adult social care. They include NHS services which are available to all, free at point of demand in most cases.



HEALTH IMPROVEMENT IN DORSET IS CHANGING

We know how difficult it can be for people to make and sustain a change in their health behaviour, whether giving up smoking, cutting down on alcohol, taking more exercise or losing weight and eating more healthily.

For many people working in the health service and within communities, finding the right level of advice or referral system to help support people make changes to improve their health is at best confusing, and at worst, frustratingly complex.

We also know that many people make these changes using a whole range of different types of support – friends and family can often be the most important sources of motivation. Yet health improvement services sometimes fail to make the most of this and treat people as isolated individuals. Above all, we recognise that there are many different ways that various agencies are engaging with people to improve health and wellbeing but they are treated in isolation when health improvement behaviours are typically linked.

What is needed is a clearer model for identification and referral, training and development in behaviour change, and ongoing monitoring and evaluation so that we can be assured interventions are helping the right people, the right way to sustain changes that will benefit their health.

THE NHS HEALTH CHECK

Currently, a major gateway to accessing health improvement support is following a free NHS Health Check.

In Dorset, around 20,000 adults receive a free check aimed at reducing their risk of cardiovascular disease.

Each year we expect to invite around 50,000 people for a check, with a target of 25,000 checks to be delivered at GPs and pharmacies. The complexity of the current health improvement offer is most clearly seen following delivery of simple advice such as the Health Check.

For the 20,000 40-74 year olds having a check each year, it is not clear what support is available once they have had a check, especially if they are motivated to change following the results. We want a much clearer health improvement offer that is integrated with the check, backed by a system able to follow people up and support them over time to make sustained changes to behaviours affecting health.



WHAT WILL BE DIFFERENT?

Our vision is a single, clear and consistent model of support in health improvement for Dorset residents through one single point of contact.

For Dorset residents seeking help with quitting smoking, cutting down on alcohol, taking part in more exercise or losing weight and eating more healthily, there will be one contact number for a Dorset Health Hub, staffed by people skilled at customer relations, engagement and motivation to change behaviours.

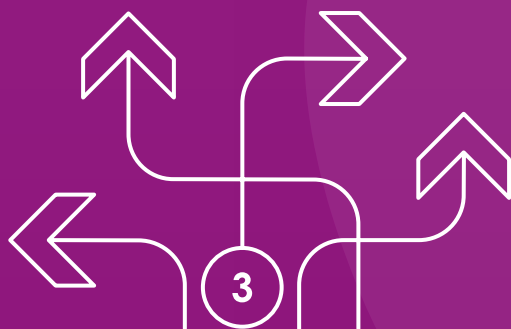
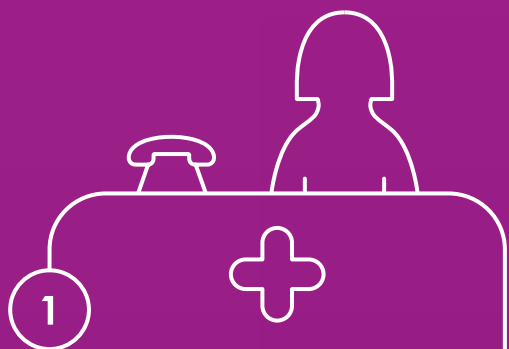
Wherever in Dorset people want help and advice, the hub will assess their need for support, and either ensure they are referred to the right health improvement pathway or, if not suitable, ensure they receive the right level of support from someone working in their locality.

A NEW HEALTH IMPROVEMENT SYSTEM

We want to provide a much **more integrated health improvement system**, recognising that many different elements provide support, but are not always joined up.

The health improvement system is much more than just public health funded support for pathways such as smoking cessation, weight loss, physical activity and reducing alcohol.

At the heart of the new system will be a **behaviour change strategy that sets out our approach based on the NICE guidance**. This will set clear standards for interventions, settings and training and development.



The role of the hub

1 FIRST CONTACT

Self-referral through telephone
 Public Health Dorset website
 Professional
 Local authority customer contact centres

2 ENGAGEMENT

Assessing motivation
 Registering and segmenting
 Gauging support required
 Managing referral to pathways
 Handing back to appropriate community partner

3 ACTIVE PATHWAYS

Smoking cessation
 Weight management
 Active Choices
 Physical activity
 Brief interventions for alcohol

4 SUPPORT AND MONITOR

Keep in touch following active intervention – call, text, tweet
 Record outcomes and progress
 Engage with ongoing support



THE NEW APPROACH AND SMOKING CESSATION

Public Health Dorset supports around 3,000 people through its commissioned services each year to quit smoking. But we know that at any one time, about two-thirds of active smokers are thinking about quitting. In Dorset, Bournemouth and Poole that's more than 100,000 people.

What if we could harness the motivational power of family, friends and other support networks to encourage more smokers to quit outside of the smoking cessation service and collect data that demonstrates they have quit over a prolonged period of time?

That's what the new model of health improvement in Dorset aims to do. The single health improvement hub will engage, encourage, motivate and support people from a wide range of referral sources to change health behaviours and sustain that change. Staff at the hub will be skilled in assessing motivation and needs of clients, and connecting them to the right level of support. They will work to keep them engaged after the client may have finished a specific programme, such as taking

part in stop smoking or weight management groups. For people stopping smoking, we want the hub to stay in touch at the 4 week, 6 and 12 month time frames.

Getting this data back on whether people have been successful in quitting is crucial – for the public health team to understand that services are effective, and for the hub to know whether someone might benefit from further support.



OUR AIM

To make it as easy as possible for our community partners or health professionals in Dorset to refer people coming through their front doors to the single hub for engagement, support and onward referral.

In turn, many of these staff we hope will be receptive to working more closely with the hub, and receiving basic training and development around assessing and motivating change, and signposting on to more support through the hub.

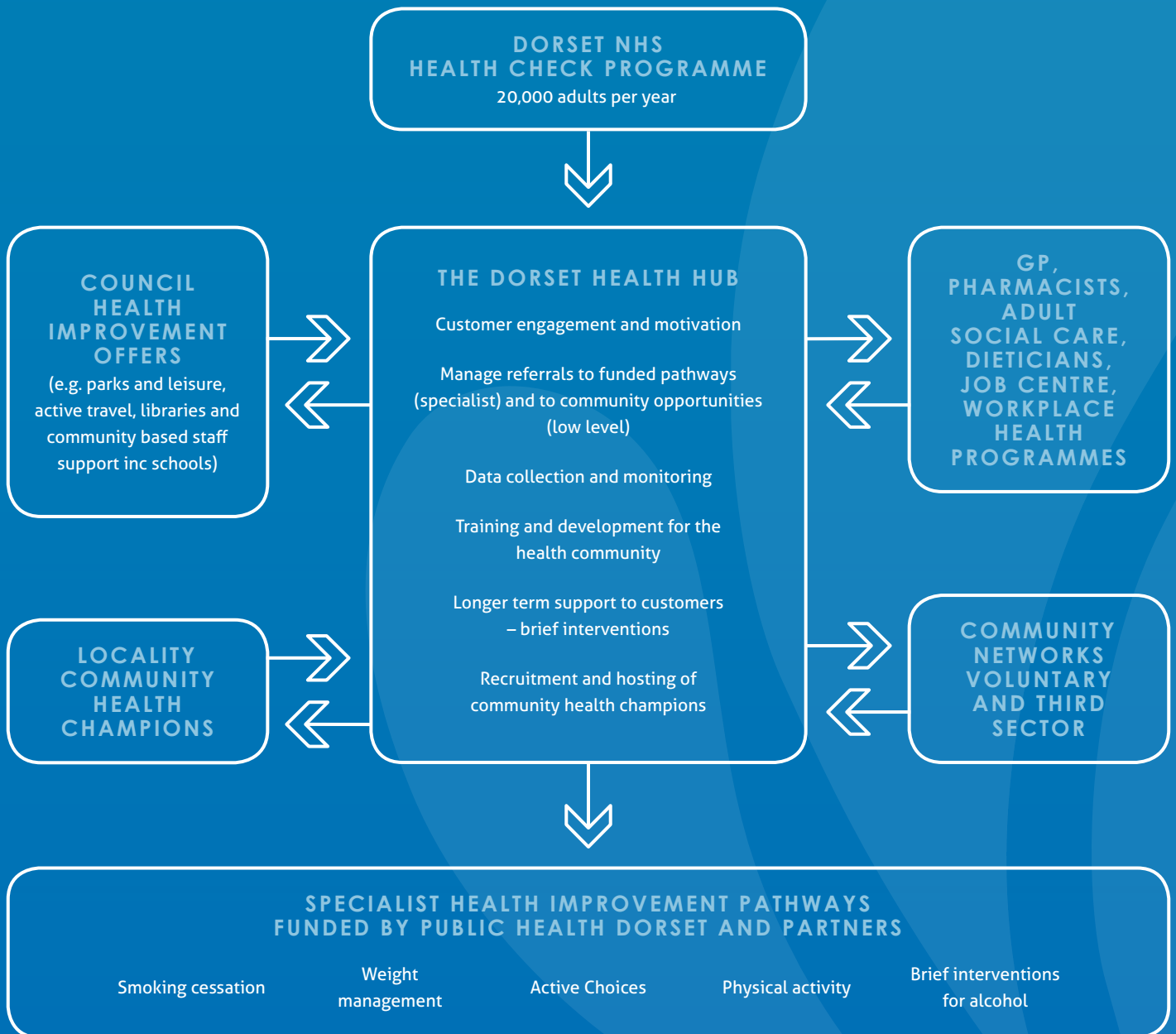
The hub will be the new front door to the health improvement system in Dorset regardless of where someone is living.

“ I'm motivated to change and want to know physical activity opportunities near me.

“ I had my NHS health check and may be eligible for support about my weight.

“ My previous quit attempts haven't worked - I am seeking advice on quitting smoking for good

The new health improvement system in Dorset



THE DORSET HEALTH HUB

The hub will manage referrals to health improvement pathways and more specialist support where required where clients meet the eligibility criteria.

The hub will have one county wide contact number and a simple to use website that can be used to help tailor the right level of support for people.

The hub must be able to refer and signpost easily between other partners working in the community, in particular, all customer contact centres of the local authorities in Dorset.

The hub will ensure all clients are handled professionally, and work to engage and motivate them to make and sustain changes that will improve health.

Once a client has completed their intervention, the hub will stay in touch on a regular basis to offer further support and motivation. This is to increase the chance of achieving sustained behaviour change and to monitor and collect outcome data over a longer period of time.

Staff working for the hub will have a range of skills and competencies. They need to have a **high degree of customer focus and skills at relationship management** with other partners in the system.

They will be expected to have skills and competencies in facilitating health behaviour change; engaging and starting conversations about motivation to change, including motivational interviewing. They will also have skills in delivering lower level brief interventions for smoking cessation, alcohol and physical activity.

It is not expected that they will be specialists in one element of behaviour change such as smoking cessation, but be able to work generically supporting and increasing motivation to make changes, and to sustain those changes.

The hub will also have the necessary infrastructure to be able to respond to requests for support through multiple communications channels – digital, telephone and communication from people working in customer contact centres in each local authority.

We would expect the hub to develop a menu of approaches for offering support, including telephone calls, text reminders, use of social media and networking platforms such as Twitter, Facebook and group messaging.

Over time, the hub will increasingly act as a source of high quality, accredited training and workforce development for health improvement and behaviour change.

We envisage the hub becoming the main source of support for the training and retention of community health champions, who may work across a number of different localities in Dorset.

The hub will provide low level supervision, and administer additional support such as DBS checks and expenses.

HOW WILL WE GET THERE?

The table below shows the anticipated direction of travel for the development of the service over a three-year contract period. Anticipated contract values for the hub element are likely to be within the following ranges for each of the three years.

	INDICATIVE CONTRACT RANGE
YEAR 1	£300,000 to £550,000
YEAR 2	£450,000 to £750,000
YEAR 3	£650,000 to £1,000,000

It is likely that the contract will be a mixture of core funding plus a payment by results element based on achievement of completed outcomes in the health improvement pathways.

The likely contract period will be five years, with a review annually for years 1-3 and the option of a break at year 3.

YEAR 1	YEAR 2	YEAR 3
Established Dorset hub and overall client management system	Increased client referrals (from other pathways and professionals)	Increased client referrals (particularly self-referrals)
SPOC customer service provision	Developed behaviour change offer	Fully developed behaviour change infrastructure
Management of existing specialist pathways	Developed skills of frontline customer service staff	Effective pathways and data flows with most tier 1 HI services
Improved client follow-up and data capture	Behaviour change practitioners / 'personal trainers'	Sophisticated digital offer
Delivery of MI and BI by customer service staff	Recruitment and training of community health champions	Established use of social marketing
Building effective pathways with low-intensity locality HI services	Developing use of social marketing	Maximising delivery of low-intensity HI via Universal Services
	Established pathways / data flows with low-intensity locality HI services	Targeted HI and behaviour change training of frontline staff
	Ongoing development and innovation of digital offer	Assuring organisational commitment to HI
		Established data flows



WHAT WILL BE IN SCOPE?

The specification for the hub is being developed in consultation with a range of parties but is likely to focus on the core elements of customer service, engagement, referral and pathway management with generic low level behaviour change support. This will include provision of brief interventions for alcohol, physical activity and smoking but not more specialist or intensive support. The successful provider will need to be able to demonstrate the ability to handle data flows effectively, including developing a secure CMS database to be used for reporting outcomes by different pathways.

The specialist funded health improvement pathways for smoking, healthy weight and physical activity following an NHS Health Check are provided by a range of suppliers. These specifications will be re-tendered over time in separate lots. Suppliers interested in tendering for the hub are welcome to also consider tendering for these services.

There will be plenty of opportunity for interested providers to discuss and challenge the proposed model and specification. Above all we would welcome discussion of collaborations where providers may have different skills and experiences.

WHAT WILL BE OUT OF SCOPE?

Development of the digital platform to support the revised behaviour change system is currently out of scope for this proposed tender. However the successful supplier must be able to develop the right systems to integrate with the platform and access any data on individuals using digital channels for referral and support.

FINDING OUT MORE

We are holding our initial marketing day on 17 June 2014 in Bournemouth.

It will be a great opportunity to explore the model, challenge the concepts and explore potential for collaboration.

Following that, a second supplier day will be more focused on the specification, proposed contractual arrangements including more detailed expectations on activity, expected outcomes and payment.

We would very much like to hear your thoughts and hope you can attend the first supplier event. For more information, to register interest and to confirm your attendance please email:

PHTenders@dorsetcc.gov.uk

Appendix 3

Developing community health improvement services that are fit for the future: plans for a Dynamic Purchasing System.

1. Summary

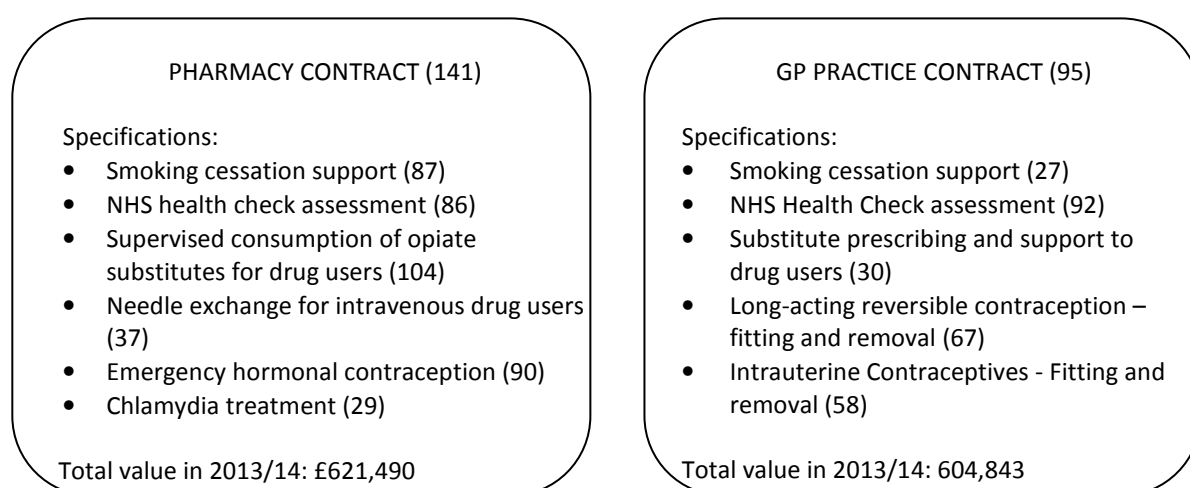
- 1.1 The Joint Public Health Board is asked to consider a proposal for the development of a Dynamic Purchasing System (DPS) for the commissioning of community health improvement services. The use of a DPS could allow Public Health Dorset to improve the commissioning of these services from 2015 onwards. This paper sets out the case for a sustainable yet responsive approach to commissioning that takes into account the requirements that govern procurement.

Approval is sought for Public Health Dorset to commence a fully EU compliant procurement process in early January 2015 to: a) establish the DPS and b) to appoint the first tranche of potential providers on to the system.

2. Background

- 2.1 As Public Health transferred from the NHS to local authorities in April 2013, it brought with it a significant number of diverse contractual arrangements. The Local Enhanced Service (LES) agreements with GP practices and pharmacies were particularly numerous and complex. During 2013/14 the team took significant strides forward in reorganising these, culminating in the development of two cost/volume public health contracts, one for GP practices and one for pharmacies. These public health contracts went live from 1st April, 2014. Figure 1 describes both contracts, together with the number of suppliers signed up to provide services, against each of their constituent specifications during 2014/15.

Figure 1: Existing public health contracts with primary care (includes number of providers)



3. Drivers for change

- 3.1 When responsibility for public health programmes sat with the NHS, several services were contracted out to primary care providers on a preferential basis, but now, with local and European procurement procedures governing local authorities, an open process of

competitive tender needs to be employed as early on as is practicable. The current contracts with primary care providers terminate on 1 April 2015, so future contractual arrangements need to be considered and approved by the Joint Public Health Board to enable enough lead in time for the re-procurement of these services.

- 3.2 On top of the legislative requirement to engage the market, there is a need to simplify current arrangements and also to increase the flexibility commissioners have to respond to the needs of local communities.
- 3.3 As set out above, Public Health Dorset currently maintains contractual relationships with 95 GP Practices and 141 Pharmacy Providers. There are opportunities to increase the quality of provision and substantially reduce the transaction costs associated with managing so many contracts; if for example, services were to be commissioned on a locality basis rather than by GP practice list or catchment population. This would also allow for other potential providers of community services to compete for work on an equal footing alongside GPs and pharmacies. Currently amongst primary care providers, there is much discussion about combined or federated models of service provision, and such arrangements are viewed positively by Public Health Dorset in support of services to improve population health.
- 3.4 Services commissioned on a cost/volume basis are generally more cost effective than block contracts, however if expected performance levels drop off for some reason, whilst the commissioner makes financial savings against projected spend, there remains corresponding unmet needs within communities. In these situations, the commissioner requires flexibility to be able to commission further activity, sometimes within relatively short time periods.

4. Advantages of the Dynamic Purchasing System (DPS)

- 4.1 Having reviewed a range of procurement options for services currently being delivered by GP practices and pharmacies, the public health team considers the DPS to have several distinct advantages over the other contracting possibilities.
 - It allows the commissioner to generate a list of approved providers (those that have met essential criteria in relation to a given service area (or 'lot')) that then compete to provide a service set out through a more detailed specification. ***This way of working means that the turn-around time for commissioning new services or additional activity is significantly reduced (new EU Regulations as from 1 January 2015 allows for a minimum of 10 days for return of tender).***
 - Having defined the service areas or 'lots', there is greater flexibility, in that any number of specifications can be tendered for within each lot. ***Opportunities to provide an ongoing service in a locality for up to four years, or a limited service to a particular group of people over one weekend, can be tendered for using the DPS.***
 - Once a lot is established, together with a corresponding list of approved providers, services are only 'activated' by the commissioner when they post a service specification/opportunity for tender. Assuming the commissioner 'future proofs' the DPS when the system is first built, ***this means that services can be picked up by the DPS once existing contracts expire.***

- Under current regulations, a DPS can run for up to four years, however new EU regulations come into force from 1st January 2015 that will enable a DPS to run for longer (no timeline is stipulated). ***As long as a DPS remains fit for purpose, the change in regulations reduces the requirement for local authorities to re-tender services within set time periods.***

5.1 A proposed structure for the use of a DPS in relation to community health improvement services is set out in Figure 2. The proposed scope of this DPS incorporates health improvement services currently provided by organisations other than GPs and pharmacies, for example, weight management services. It also contains lots that describe services not currently commissioned by Public Health Dorset, for example, physical activity services. This is reflective of the ‘future proofing’ work already mentioned, as it is not possible to add lots onto a DPS at a future point in time.

5.2 The development of the DPS for community health improvement services compliments the establishment of the Health Improvement Hub which will be the public facing front door for all enquires relating to health improvement – acting as a single point of contact, co-ordinating referrals and supporting/motivating individual behaviour change. The DPS will enable Public Health Dorset to commission specific pathways of support within local communities as set out in Figure 2.

6. Implementation and timeframe

6.1 It is possible to establish the proposed DPS within 4 months, however from 1 January 2015, new procurement regulations come into force that give commissioning authorities greater flexibilities in their use of DPS. Once the DPS has been set up, opportunities to tender for services can commence.

6.2 The public health team is keen to prioritise the development of a DPS for two reasons:

- To allow for the pick-up of primary care contracts due to expire on 1st April 2015 (subject to agreement of any extension).
- To enable the commissioning of additional NHS Health Checks. Public Health England have increased performance expectations for this programme, and the team is keen to engage providers that may be able to undertake a greater number of assessments opportunistically within the financial year.

7. Recommendations

7.1 The Joint Public Health Board approves the use of a DPS in relation to the community health improvement services set out in Figure 2.

7.2 The Board grants permission for Public Health Dorset to ‘go to market’ by via placing a Contract Notice in the OJEU in early January 2015. This signals the commencement of the process by which the DPS will be established and allows for the appointment of the first tranche of providers.

7.3 Furthermore if the Board also approves the publication of an earlier Prior Information Notice in the OJEU, this will reduce the overall timescale of the procurement process.

FIGURE 2:

