

Agenda Item:

Joint Public Health Board

13a

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

Date of Meeting	3 February 2015
Officer	Director of Public Health
Subject of Report	Updates on key commissioning developments
Executive Summary	<p>This paper provides brief updates on specific commissioning developments since the Joint Public Health Board in November, highlighting areas of continued focus, picking up on emerging issues and making specific proposals for future action.</p> <p>The paper covers two areas:</p> <ol style="list-style-type: none"> 1. Health Checks 2. Health Improvement Hub
Impact Assessment:	<p>Equalities Impact:</p> <ol style="list-style-type: none"> 1. The update outlines ongoing work to ensure the universal Health Checks service is equally accessible across communities. 2. A full equalities impact assessment has been carried out in respect of the new health improvement hub.
	<p>Use of Evidence:</p> <p>The commissioning development update makes use of:</p> <ul style="list-style-type: none"> • Internal performance monitoring information • Evidence base for what works and best practice guidance
	<p>Budget:</p> <ol style="list-style-type: none"> 1. Health Checks within current budget 2. Budget implications of the Health Improvement Hub were covered in detail at the July Joint Public Health Board. This will be funded initially from shifts from current service provision models. By year three we may require decisions about increasing revenue as the Hub develops as a provider.

	<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>Other Implications:</p>
Recommendations	<p>The Joint Public Health Board is asked to:</p> <ul style="list-style-type: none"> • Note progress in Health Checks. • Note outcome of procurement and plans for implementation of Health Improvement Hub
Reason for Recommendations	<p>To enable further development on key areas within public health and provide assurance on progress to date.</p>
Appendices	<p>Appendix 1: Health Checks Update Appendix 2: Health improvement commissioning update Appendix 3: Approval to award Health Improvement Hub</p>
Background Papers	<p>Previous JPHB papers</p>
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1. Background

1.1 This paper provides an update on two specific commissioning developments since the Joint Public Health Board in November:

- Health Checks , and
- The Health Improvement Hub.

2. Discussion

2.1 The update in appendix 1 details action since the report to JPHB in November on actions agreed at that meeting, with the intention of increased invitations into the service: improved information quality and ensure Health Checks are equally accessible across communities. The update also highlights work to link the Health Check into follow on services as part of the Health Improvement Hub.

2.2 The update in appendix 2 summarises the procurement process and outcome of the Health Improvement Hub tender, and outlines next steps in working with the new provider, Optum. Appendix 3 gives more detail in respect of the recommendation to award that has been approved through delegated authority.

3. Recommendations

3.1 The Joint Public Health Board is asked to:

- Note progress in Health Checks.
- Note outcome of procurement and plans for implementation of the Health Improvement Hub.

NHS HEALTH CHECK PROGRAMME UPDATE (FEBRUARY 2015)

1. Public Health Dorset continues to invest considerable time and effort in improving the uptake and quality of NHS Health Checks. The following is a brief update on actions undertaken by the team since the Board's last meeting.

Increase the number of invitations people receive offering them a NHS Health Check.

2. Following the second quarter of 2014-15, the number of invitations sent in Bournemouth and Poole continued to be comparable with performance nationally. Dorset had its best quarter to date with 4087 invitations sent, but still has a considerable way to go to catch up with the expected trajectory over the 5-year programme. Whilst working hard to improve performance under the current contract, we do not expect to achieve the necessary period of over-performance in Dorset until the new commissioning arrangements are in place that will include the provision of opportunistic health checks (agreed at the Board's last meeting). Opportunistic health checks will also serve to improve our uptake data in line with national aspirations. We are planning the first tranche of opportunistic health checks from May, 2015.

Improving the quality of information we receive from providers.

3. Monitoring of the programme in general practice depends upon manual collation of data, and this represents an ongoing challenge with the receipt of missing or inaccurate records. Where we have introduced an electronic system for pharmacies ('PharmOutcomes'), the quality of information is good. The team has been chasing up GP providers retrospectively for better data, whilst at the same time working on the introduction of an electronic solution for use across all providers in 2015/16. In the case of GPs the new system will interrogate their own clinical systems extracting the necessary data and reporting it to Public Health. There is a lot of work involved in setting the system up in order that it can be implemented alongside the new contracting arrangements (the Dynamic Purchasing System) agreed by the Board on 17 July, 2014.

Improve the equity of the programme across communities.

4. Members of the Joint Board will recall the issues regarding variability of performance across the current set of providers; with some remaining inactive and others severely under-performing against the targets they were set. We have been working to engage those GP practices who have not been performing, and out of 101, there are now just three practices who are refusing to engage with the programme entirely. The new commissioning arrangements will enable us to commission the programme on a whole locality basis, with the aim of improving coverage and better responding to the needs of different communities. This should 'iron out' variation associated with compliance of individual practices, but in the interim the team is seeking to put in place alternative arrangements for those patients currently being excluded from the call/recall process.

Services that follow on from the Health Check

5. With the advent of a provider for the Health Improvement Hub, a project has been established that will facilitate good communication and data flows between the NHS Health Check providers and the Hub. This will be critical if patients are to experience a seamless transition from the health check to follow-on health improvement services.

6. Public Health Dorset has also been working with other public health teams in Wessex, advocating for greater standardisation in the medical response following a health check where patients are found to be at higher risk of cardio-vascular disease. There are no standard pathways of care agreed nationally, so follow-up is dependent upon policy and practices determined by individual GP practices. There are growing concerns about variation in this, so we are seeking to influence the national team to negotiate a solution.

Chis Ricketts
February 2015

Health improvement commissioning update

1. Background

- 1.1 The Joint Public Health Board meeting in July 2014 supported the recommendation to seek a new provider for health improvement services in Dorset via a procurement exercise, and award contract subject to identifying a high quality organisation via open tender.
- 1.2 This paper updates the Board of progress to date against the commissioning and procurement plan, including feedback on the evaluation of bids against the tender and notice of the intention to award contract to the successful provider.

2. Commissioning and procurement progress

- 2.1 Dorset County Council procurement team assisted with the preparation and release of the final tender documentation, which opened in late October and closed 2nd December 2014.
- 2.2 In total eight suppliers completed the desktop phase of the tender. There was a mixture of public and private sector organisations represented, and many had formed consortia in order to meet the specification requirements in full. What was notable was that although some NHS organisations did submit bids against the tender for health improvement services, none were local NHS organisations.
- 2.3 Following scoring of the desktop phase five suppliers were invited to present to the evaluation panel in late December 2014. Full details of all scoring for each of the providers is set out in Appendix A to this report, which sets out recommendation to award.
- 2.4 Both at the desktop and presentation phases it was clear to all evaluators that one supplier stood out and was considered unanimously to be the strongest and most able to meet the requirements of the specification for the health improvement hub. The recommendation is to award the contract to Optum Health – a division of United Health that provides health services and population health management programmes.

3. Mobilisation and implementation

- 3.1 Work began on 21 January 2015 with the new supplier at which a joint mobilisation and implementation plan was agreed. The intention is to have the Hub up and running and ready to receive referrals from 1 April 2015. More detailed work is ongoing between the commissioner and provider to ensure a successful launch of the service, including marketing and engagement with key referrers locally.
- 3.2 Optum is collaborating with several organisations in delivering the service locally. One of these is Dorset Community Action, which will be involved in making sure there are strong relationships and links with the local voluntary and community sector. There is also work ongoing with Bournemouth and Poole Council for Voluntary Services to develop a health improvement framework that will help to build relationships between the Hub and local organisations who may be important sources of referrals in localities.
- 3.3 Public Health Dorset will continue to support the provider in implementation, particularly around making sure the behaviour change model within the Hub is clear, consistent and based on best available evidence. Work is ongoing to develop scripts,

assessment tools and interventions that the provider will use within the Hub, and to test the acceptability of these with service users. A key challenge before April will be to ensure the smooth transition from outgoing providers for smoking cessation services, Healthy Choices and alcohol brief interventions including ensuring TUPE of affected staff within scope is facilitated efficiently.

4. Summary

- 4.1 The procurement process to identify a new health improvement hub provider successfully identified a high quality consortium bid, led by a leading global healthcare provider which the evaluation team are confident will deliver against the service specification. There are no significant risks currently in relation to delivering the new service on time for launch in April 2015.

Sam Crowe
February 2015

Agenda Item:

Joint Public Health Board

13b

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

Date of Meeting	3 rd February 2015
Officer	Director of Public Health
Subject of Report	Progress report on the procurement of an integrated sexual health service in Dorset
Executive Summary	<p>This paper provides an update on progress over the last 3 months to procure an integrated sexual health service.</p> <p>The paper covers two main areas:</p> <ul style="list-style-type: none"> • Update on progress • The way forward. <p>Approval is sought for the procurement and award of contract of this service.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	<p>An Equalities Impact Assessment Screening Tool has been completed and does not indicate a full Equalities Impact Assessment.</p>
	<p>Use of Evidence to inform service commissioning intentions as outlined in the prospectus:</p> <p>Make use of:</p> <ul style="list-style-type: none"> • National surveys and local service user consultation. • Provide performance and activity monitoring information • Professional standards for service management • National policy for service development and integration • Latest evidence on what is effective for sexual health services • Information on effective procurement models and options provided by Dorset procurement team.
	<p>Budget:</p>

	<p>The prospectus for the integrated sexual health service outlines an anticipated annual contract value of approximately £5.5 - £6 million. Sexual health services are open access services where people can self-refer and therefore the annual cost varies and the values above are based on current usage.</p> <p>Further work will be undertaken to model different service options before the final value is placed in the procurement documentation.</p> <p>Risk Assessment:</p> <p>There is a Medium Financial Risk as the value of services being commissioned through a single managed contract is in excess of £1 million.</p> <p>The risks to Strategic Priorities, Health & Safety, Reputation and Service Delivery remain Low.</p> <p>A “live” Risk Assessment documents the detail of identified risks and mitigation activities and will be reviewed at key development milestones throughout the procurement process.</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: Current Risk: MEDIUM Residual Risk MEDIUM</p> <p>Other Implications:</p>
Recommendations	<p>The Joint Public Health Board is asked to:</p> <ol style="list-style-type: none"> I. Note progress in service development for sexual health including market engagement in January 2015. II. For the procurement and award of contract.
Reason for Recommendations	<p>To ensure that the process for developing an integrated sexual health service can progress.</p>
Appendices	<p>Verbal feedback from the supplier engagement event on the 21st January 2015 at the meeting.</p>
Background Papers	<p>National Integrated Specification Contracting for outcomes, A value based approach Making it Work, A guide to whole system commissioning for sexual health, reproductive health and HIV</p>
Report Originator and Contact	<p>Name: Joanne Wilson, Head of Programmes (Sexual Health), Public Health Dorset Tel: 01202 26 1106 Email: j.wilson@dorsetcc.gov.uk</p>

1. Update on progress

- 1.1 Further to the paper submitted to the Board in November 2014, this paper updates the Board on the procurement process for sexual health services in Dorset.
- 1.2 The vision for sexual health service remains to procure a comprehensive, integrated service that enables transformation to a single managed system providing the right intervention, by the most appropriate professional, at the right time and place to meet population needs.
- 1.3 The scope of the integrated service continues to focus on open access provision of most contraceptive services, specialist services including young peoples sexual health, outreach, HIV prevention, sexual health promotion, sexually transmitted infection testing and treatment, Chlamydia screening and HIV testing. The scope of this commissioning exercise excludes GP and Pharmacy contracts, however, consultation on future opportunities for further integration with primary care has commenced with a Supplier Engagement Event in December 2014.

2. Engagement with stakeholders

- 2.1 Ongoing engagement with key stakeholders including children and young people's commissioners in the three Local Authorities, the Clinical Commissioning Group, NHS England and members of the Local Safeguarding Children's Board have commenced to ensure the widest local participation in the procurement programme. This has also supported the mitigation of many low risks. It is expected that a number of these stakeholders will be involved in the evaluation and/or interview processes.
- 2.2 Programme evaluations and user consultations have informed commissioning intentions including; focus groups with Young Parents; patient satisfaction surveys, the Friends and Family Test and complaints and compliments from existing providers and the National Survey of Sexual Attitudes and Lifestyles (NATSAL).
- 2.3 Supplier engagement events and online e-procurement tools have been positively used to respond to a range of enquiries from providers and ensured both a transparent process and strong communications to continue to successfully engage existing and new providers.
- 2.4 Discussions are taking place with Bournemouth University to facilitate further patient engagement in the procurement process, working towards a patient panel for the interview part of the procurement evaluation.
- 2.5 Public Health Dorset have participated in National and regional Sexual Health forums and have benefited from networking with other Sexual Health and Public Health commissioners, learning what works and in two instances, with Hampshire and Somerset, secured complimentary approaches and support at supplier events.

3. Update on Potential Programme Risks

- 3.1 The initial assessment of risk has been reviewed with 16 open risks in total, 14 rated as Low and 2 rated as Medium.
- 3.2 Mitigating actions have been taken to maintain risks as low, including active contract management processes, seeking additional advice on business processes, proactive engagement with stakeholders and additional modelling of service requirements including through the South West Office for Sexual Health engaging Pathway Analytics, who have developed the London Sexual Health Tariff.

- 3.3 A significant Medium risk has been closed following the issuing of Commissioning Intention Letters to current providers, all of whom have indicated a commitment to providing services throughout the procurement process, with existing contracts being extended until 31st December 2015.

4. Findings from the market supplier event in January 2015

- 4.1 The second supplier event will be held on January 21st 2015, and 15 different organisations and a total of 30 people have registered to attend.
- 4.2 The event will present the preferred commissioning models (Lead Provider / Integrator); explain the shift to commissioning for outcomes using clear pathway examples; the scale of need locality to inform and support providers to develop appropriate service models; future funding arrangements and workforce planning. The procurement process aims to introduce improved ways of working together with the successful provider and the event will spell out our expectations for ensuring transparent performance management and appropriate clinical engagement opportunities in the future.
- 4.3 Feedback from the supplier event will be provided as a verbal update to the JPHB.

5. Next steps

- 5.1 The next steps are to continue modelling working with Pathway Analytics, engaging an independent clinical expert to quality assure the service specification for integrated sexual health services and to develop performance and quality outcomes frameworks.
- 5.2 The contract notice is expected to be published in the Official Journal European Union at the end of March 2015.
- 5.3 Public Health are working with key stakeholders to develop the evaluation questionnaire and scoring scheme and interview process which aims to include facilitating a patient panel focusing on how suppliers will engage and communicate with patients and vulnerable groups.

6. Recommendations

- 6.1 The Joint Public Health Board is asked to note progress in the procurement for sexual health services in Dorset.
- 6.2 The Joint Public Health Board is asked to note feedback on the market engagement event held on the 21st January 2014.
- 6.3 The Joint Public Health Board is asked to approve the proposed timetable for procurement and award of contract for Sexual Health Services in Dorset, and delegate authority to the Director of Public Health to ensure this can be followed.

Joanne Wilson
Head of Programmes (Sexual Health)
January 2015