

Joint Public Health Board

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

Date of Meeting	6 June 2016
Officer	Director of Public Health
Subject of Report	Performance Update & Overview of Commissioning Plans 2016/17
Executive Summary	<p>This paper provides the Board with:</p> <ul style="list-style-type: none"> a quarterly update on progress against the current Public Health Dorset workplan.
Impact Assessment:	<p>Equalities Impact Assessment: Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report.</p>
	<p>Use of Evidence: Evidence was used to underpin the development of the agreed commissioning intentions. This report makes use of internal performance monitoring information as well as information derived from public consultations and provider engagement events to provide evidence of progress against these intentions.</p>
	<p>Budget: Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further budget implications identified as a result of this report.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the</p>

	<p>level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
Recommendation	<p>That the Board notes:</p> <ul style="list-style-type: none"> • brief updates from each function area; • the progress against agreed milestone.
Reason for Recommendation	<p>Assurance of performance and progress for the Board</p>
Appendices	
Background Papers	<p>Previous performance updates Previous commissioning updates</p>
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1. Background

- 1.1 At each meeting of the Board there has been a performance update. These have covered progress against the commissioning work plan, and increasingly against our wider work plan.
- 1.2 This report provides a further update on progress, focusing on areas that are still in progress or have changed since the last report. The report has been merged with the commissioning update as there are no key decisions required and there is significant overlap between these two papers.
- 1.3 The main section of the report provides a brief narrative update on key elements of the work plan and how this is evolving, in line with the functions based approach that we are now taking.
- 1.4 In the previous paper, on our 2016-18 work plan, we discussed the shifts we are implementing in the medium term and this paper should be read against that backdrop.

2. Clinical Treatment Services

- 2.1 The design work on the Bournemouth, Poole and Dorset Alcohol and Drug Strategy 2016-2020 is now complete, and a launch and communications plan is being organised by the Drug and Alcohol Governance Board. This plan will offer individual organisations the opportunity to tailor their messages and emphasis to suit their strategic and communications priorities.
- 2.2 Following the transfer of services from Dorset County Council and Bournemouth Borough Council to Public Health Dorset, to ensure consistency terms and conditions, new contracts commencing 1 April 2016 have been issued to incumbent providers (shown below).

Service	Provider
Drug & Alcohol (CADAS, BBV etc)	Dorset Healthcare University NHS Foundation Trust
Drug Intervention Programme	Turning Point (Services) Ltd
Aftercare Services	Essential Drug & Alcohol Services (EDAS)
Direct Access (Drop in Services)	EDP Drug & Alcohol Services
GP Prescribing – own patients	Providence Surgery
GP Prescribing – other patients	Providence Surgery
Community Action Service	Providence Community Action
Recovery Orientated Prescribing	Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)

- 2.3 These contracts are non-compliant (unlawful) as they represent spend that has yet to be subject to competitive tender as required under Public Regulations 2015 and EU Legislation. This has been reflected in a monitoring officer report.
- 2.4 The review and recommissioning of substance misuse treatment services across Bournemouth, Poole and Dorset is currently underway, with initial consultation now completed with staff, service users and the general public. Design options are to be discussed by the Lead Commissioning Officers Group in June 2016, prior to consideration by the Governance Board in July 2016.

- 2.5 This will then inform our future re-commissioning and will be subject to competitive tender with potentially new provision in place by 1 October 2017.
- 2.6 At the last meeting the Board received an update on sexual health procurement with information on risks, non-compliance, finance and progress. The report highlighted that all relevant provider services were continuing under an interim contract (Dorset County Council Contract terms and conditions). The contractual period runs from January to December 2016 as a block contract and the financial reductions of 6.2% have now been agreed and applied. In February, the Board agreed to stop the planned re-tender process for 2016/17 and for consideration to be made for future commissioning options.
- 2.7 In the meantime, the interim sexual health contract in place remains non-compliant (unlawful) as it is and has not been secured following competitive tender. The current position's rationale and associated risks have been documented and a monitoring officer report has been submitted to Dorset County Council in respect of sexual health services.
- 2.8 When looking at potential options, it is important to note that even though the Department of Health issued guidance for sexual health services, the new commissioning arrangements have raised major questions about responsibilities and finance for different elements of these services, stifling service transformation.
- 2.9 As a result, when looking at future commissioning options, there are important financial and risk constraints that need to be considered. Public Health Dorset did not transfer the impact of the in year grant reduction last year and the ring fence will be removed in April 2017/18. So the contract value in this and subsequent years will need to, as a minimum, to align with the grant reduction.
- 2.10 In addition to the saving requirements, no funds can be committed to other agencies longer than this term, as the impact of removing the ring fence is yet unknown. It therefore remains a business risk to change responsibility for a large contract area for such a relatively a short period and has significant transaction cost implications. The CCG are also now subject to procurement law (EU Legislation and UK Law) and would have to tender the service and are subject to similar risks associated with the process.

3. Health Improvement

Children and Young People [Early Intervention 0-19]

- 3.1 Joint work is underway with local authorities to develop the future service models for both health visiting and school nursing. This includes work to embed the provision of health visiting and other local authority early years services (including Children's Centres) and builds on the 2015 Memorandum of Agreement between services. Commissioners from across Bournemouth, Poole and Dorset are currently developing a shared vision and approach to improve the effectiveness, equity and efficiency of their joint offers.
- 3.2 Public Health Dorset is leading a health visiting service review to inform the development of the future service model, including undertaking extensive engagement with families, health visitors, school nurses, other services and commissioners. A systematic review of the effectiveness of public health nursing team interventions is also being undertaken by Bournemouth University.

- 3.3 The new pan-Dorset breastfeeding peer support service started in April 2016. Twelve month Health visiting and school nursing contracts have been issued for 2016/17, including the 6.2% reduction on 2015/16 baselines agreed by the Joint Public health Board.

Adults

- 3.4 Public Health Dorset completed the tender a number of contracts for community public health services ready for the start of the new financial year, as discussed in previous papers to the Board. Of these, the tender for NHS Health Checks was one of the most important. For the first time, we asked providers to bid to provide the service for a whole geographic locality in Dorset. Previously there were more than 150 separate contracts with providers of checks for the programme.
- 3.5 As a result of the tender, two main types of providers were successful; namely, four GP Federations (GPs working together as a single provider) won the contract to provide health checks in six localities in Dorset. Secondly, Boots PLC were successful in the remaining areas, including Bournemouth, most of Poole, Purbeck and North Dorset. All general practices were offered a contract to continue to provide services to invite the population for a health check. Unfortunately in areas where Boots will be providing the new service practices have been reluctant/slow in signing up to invite people to the programme. We are in discussions with GP leaders, practices and Boots as to how to find an acceptable solution to enable people to be called to the programme for a health check.
- 3.6 There will be a further tender to identify suitable providers of health checks on an outreach basis, working alongside community organisations to find people who may be most at risk of cardiovascular disease. As a priority the first opportunities will be advertised in Bournemouth and Poole to ensure that the programme continues to be effective in identifying those most at risk, and offering support to reduce those risks.

4. Place-based - Health Protection

- 4.1 Public Health England South West office have assumed the lead responsibility for supporting Bournemouth, Poole and Dorset Local Authority areas with scientific advice and support since 1st April 2016. There was a very smooth transition from the arrangements with the Wessex area team. As part of the transition, PHE plan to co-locate two dedicated members of staff, a Consultant and a senior practitioner with Public Health Dorset for at least 3 days per week, in addition to their offices in Devon.
- 4.2 Public Health Dorset has provided a small amount of project funding and support to a pan Dorset group of environmental health officers to develop a series of initiatives to refine the arrangements for proactive work to prevent and respond to outbreaks of infectious diseases. This includes a programme of activities with schools and nurseries as well as working with Public Health England South West on establishing an agreed and consistent approach to outbreaks locally.
- 4.3 Public Health Dorset has been a member of a task and finish group looking at variations in immunisation rates across Bournemouth, Poole and Dorset and identifying key actions to tackle those GP practices with lower rates of immunisations, particularly in the universal childhood immunisations. As a result of this work NHS England has a programme of training set up for all practices nurses across Bournemouth, Poole and Dorset as well as an agreed pathway for immunisations across the Wessex region. We will continue to monitor the impact of these interventions in the rates of immunisations.

- 4.4 In March 2016, Public Health Dorset set up a programme of 3 days training for Home Safety staff from Dorset and Wiltshire Fire and Rescue Service in preparation for the launch of a joint initiative of “Safe and Well” visits. The training was very well evaluated by the staff group and Safe and Well visits began on 18th April 2016. This project will be evaluated closely as a potential model for organisational and workforce development and promoting a significant focus on prevention across public services.
- 4.5 The pan-Dorset Healthy Homes programme has completed phase 1 of the programme and has resulted in 121 homes of some of the most vulnerable residents across Bournemouth, Poole and Dorset receiving insulation and associated remedial works to reduce the number of cold and damp houses. Residents completed a questionnaire as part of the evaluation of this programme. Preliminary findings suggest real benefits to their self-reported health and wellbeing. Phase 2 is currently being finalised and procured as a referral programme, building on the experience from Phase 1, and other evidence.

5. Public Health Intelligence/Health Care Public Health

- 5.1 Public health support to the NHS is a key area of the Public Health Dorset workplan, and this now focuses more on providing the population focus, information and wider support to help the development of the Sustainable Transformation Plan. This links to the evolving models from the Clinical Services Review, and ongoing developments as part of Better Together where we provide some advice and support.
- 5.2 Public Health also chair the Health and Wellbeing Commissioning Group which co-ordinates the Joint Strategic Needs Assessment (JSNA) for the two Health and Wellbeing Boards. Products of the JSNA are now being published on the Public Health website at: www.publichealthdorset.org.uk/understanding/jsna
- 5.3 The JSNA and other intelligence work also supports the Joint Health and Wellbeing Strategy refresh for both Dorset and Bournemouth and Poole, and the Annual Public Health Report.
- 5.4 In 2016/17 the public health intelligence team will be working to develop a data warehouse that will ensure easier access to the information we pull together. This will then help us to streamline our processes so that key information and reports can be delivered automatically to support our work.

6. Recommendation

- 6.1 The Joint Public Health Board is asked to note:
- Brief updates from each function area, in particular the remaining areas of non-compliance in respect of contracts; and
 - progress in function areas.