

Agenda Item:

Joint Public Health Board

Insert Item No.

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

Date of Meeting	21 ST November 2016
Officer	Director of Public Health
Subject of Report	Public Health Dorset business plan developments
Executive Summary	This report presents an update on developments for Public Health Dorset's business plan 2016-18 since September. This includes progress of commissioning models, priorities and proposed future contract values.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: N/A
	Use of Evidence: Public Health Dorset routinely uses a range of evidence to support the development of business plans and priorities as part of its core business.
	Budget: The report contains information about Public Health Dorset's progress against the stated intention to release further savings from the Public Health Grant over the next two financial years. This report focuses on re-commissioning of drug and alcohol, children's 0-5 services and sexual health services.

	<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: Current Risk: MEDIUM Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p>Other Implications: N/A</p>
<p>Recommendations Summary</p>	<p>Members of the Joint Public Health Board are asked to:</p> <ol style="list-style-type: none"> 1) Comment on proposals of the three work plan priorities. 2) Agree the budget allocation, joint commissioning intentions, arrangements and timelines
<p>Reason for Recommendation</p>	<p>To ensure the continued viability and effectiveness of Public Health Dorset in supporting the legal duty of local authorities in Dorset to improve the health and wellbeing of residents and reduce inequalities in health.</p>
<p>Appendices</p>	
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator Contact</p>	<p>Name: Sophia Callaghan, Kate Harvey, Nicky Cleave Email: s.callaghan@dorsetcc.gov.uk</p>

Director’s name: Dr David Phillips
Director of Public Health
 November 2016

1. Recommendations

- 1.1 Members of the Joint Public Health Board are asked to note the progress with the business plan 2016-18, particularly the ambitions for releasing further savings from the public health functions through re-commissioning.
- 1.2 For drug and alcohol services, the Joint Public Health Board is asked to comment on the proposals for the development of a future system design for substance misuse treatment and in doing, advise commissioners of any potential opportunities or challenges they envisage given their specific perspectives and expertise.
- 1.3 For sexual health services, the Joint Public Health Board is asked to agree the budget allocation for sexual health services for 2017/18 and 2018/19 and agree the Joint commissioning arrangements and timeline between Public Health and Dorset CCG.
- 1.4 For health visiting and school nursing, the Joint Public Health Board is asked to agree Health visiting commissioning intentions for 2017/18 and timelines for procurement or potential changes in primary commissioner. The Board is asked to note that key decisions on the commissioning model and investment will be required at the next meeting in February 2017.

2. Reason

- 2.1 To ensure the continued viability and effectiveness of Public Health Dorset in supporting the legal duty of local authorities in Dorset to improve the health and wellbeing of residents and reduce inequalities in health. To identify and release further savings to be re-invested by Local Authorities in Dorset in priority outcomes including early intervention and health protection.
- 2.2 This report sets out progress since the September Board meeting against the objectives for clinical treatment and health improvement services for Health Visiting and School Nursing in the business plan.

Clinical Treatment Services

3. Drug and Alcohol Services

Background

- 3.1 Prior to 2013, under the National Treatment Agency (NTA), funding for adult drug treatment was allocated for each local authority area based on estimated need, combined with activity and performance of existing services.¹ At this point, funding allocations were frozen and incorporated into the Public Health grant to local authorities.
- 3.2 Based on these allocations, along with Public Health and local authority spend on adult and young people's treatment services, the total budget for substance misuse services across Bournemouth, Poole and Dorset was approximately £11.3m in 2013-14. The

¹ See <http://www.nta.nhs.uk/funding.aspx> for more information

budget for 2016/17 across the equivalent services is now £8.8m, representing a saving of approximately 22% since 2013-14.

- 3.3 In relation to the substance misuse contracts managed by Public Health Dorset the current budget in 2016/17 is £4.9m, which equates to a budget reduction of 16% or £1m since 2013/14 - this has been achieved by recommissioning of detoxification services, and improved efficiencies within existing contracts, but fundamentally the core offer to service users remains unchanged.
- 3.4 The contracts for a number of treatment services currently in place across the Pan-Dorset area will cease at the end of September 2017 and so decisions need to be made imminently about future commissioning arrangements. The contracts that come to an end include the entirety of the adult treatment services for Dorset which are managed by Public Health Dorset, as well as some services in Bournemouth. In Poole all services terminate on 31 March 2017, but procurement in Poole are satisfied that, if a re tendering process has commenced, new contracts can be let on the same time scale as Dorset where appropriate.
- 3.5 This offers an opportunity for services to be re-modelled to ensure that services are effective, and focused on delivering a cost-efficient service for the changing needs of service users, whilst also delivering the necessary savings to support the delivery of the reductions in Public Health allocations to the three local authorities by 2019/20.

Progress to date

- 3.6 At their last meeting in September 2016 the Board agreed to a recommendation from the Pan-Dorset Drug and Alcohol Governance Board to the adoption of a more targeted approach in service provision that makes the most efficient use of limited resources by identifying specific target groups and aiming for achievable outcomes tailored to the needs of the specific service user. The agreed target groups are summarised below.

Prevention / Treatment Target Groups	Rationale
<ul style="list-style-type: none"> Young people (under18) 	Fit with the broader early intervention agenda; ability to prevent more serious substance misuse and associated consequences
<ul style="list-style-type: none"> Young adults (18-25) 	More likely to achieve successful completion when previously untreated
<ul style="list-style-type: none"> Parents and families 	Costs of parental substance misuse both on children, and on social care costs;
<ul style="list-style-type: none"> Pregnant women 	Protection of the unborn child
<ul style="list-style-type: none"> Risk of adult or children safeguarding issues 	Statutory responsibility for LA, with associated costs

- 3.7 Based on these principles, a series of indicative offer levels was presented to the Pan-Dorset Joint Commissioning Board (JCB), each with different levels of service provision and associated savings from the current budget:

1. Indicative Minimum / Essential Service offer level
2. Indicative Low offer level
3. Indicative Medium offer level

4. Indicative High offer level (similar to current provision)

3.8 While Level 1 would require the lowest spend, it would also entail the lowest service offer and would present the highest risks to service users and the wider community. Service provision and investment costs increase through to Level 4, while the associated risks fall.

3.9 The JCB advised against taking forward either Level 1 or Level 4, instead recommending that further work be conducted on the 'Low' and 'Medium' offers to develop more concrete system and service designs. This approach was agreed with the Pan-Dorset Drug and Alcohol Governance Board at its meeting in October.

Proposed next steps

3.10 Extensive consultation with providers and users of local services as well as the wider public has already been conducted via online and paper surveys and face-to-face meetings as part of the service review completed earlier this year. The next stage of engagement is further events with wider stakeholders and potential providers at the end of November to develop a more detailed system design balancing the need for budget savings against the associated risks of negative impacts on performance across a range of outcomes including crime and antisocial behavior, physical harm, safeguarding, social care and successful completions.

3.11 Further consultation with service users and the wider public will then be conducted in light of feedback from these events and the development of a proposed service model.

3.12 The final proposed model for those substance misuse services managed by Public Health Dorset will be presented to the Board in February 2017 with the aim of commencing procurement at the end of March 2017.

3.13 It is acknowledged that the precise form of implementation of a more targeted approach to service provision in line with the principles already agreed may vary between local authority areas due to differences in local need and circumstances.

Recommendation

3.14 The Joint Public Health Board is asked to:

- Comment on the proposals for the development of a future system design for substance misuse treatment;
- Advise commissioners of any potential opportunities or challenges they envisage given their specific perspectives and expertise.

4. Sexual Health Services

4.1 Public Health Dorset set out a vision for a more integrated, efficient and effective sexual health delivery model in 2017 and simplify some of the commissioning complexities of the current system. To achieve this work is progressing to explore more collaborative approaches with the Clinical Commissioning Group (CCG) to better understand and agree the best way forward, for a more appropriate commissioning option for sexual health services.

Progress to date

- 4.2 At their last meeting, the Board agreed this approach in principle and requested a progress update with plans for commissioning over the next two years. Since this time, a joint commissioning options paper has been developed, which outlined the factors and rationale for change, budget responsibilities, financial considerations, and included the uncertainty of the future public health grant.
- 4.3 The options explored permutations of Public Health Dorset committing sums to the CCG, to configure and lead commissioning of sexual health services with Public Health support. This paper was submitted to the Clinical Commissioning Group Directors meeting in October 2016 and was approved to have joint arrangement with public health, which were established through a Section 75 agreement.
- 4.4 This would mean that budgets would be pooled or aligned and it was suggested that services would be jointly commissioned between Public Health and the CCG, who would be the lead commissioner. It was proposed that public health team members would still take responsibility jointly with the CCG team to commission services.
- 4.5 The benefits of this approach would mean that it would simplify commissioning processes, bring together the sexual health and HIV treatment and care budgets under one system and provide efficiencies and better value by nature of the arrangement.
- 4.6 In addition it could potentially reduce some of the instability of future funding and lock in the public health grant specifically related to sexual health through the Section 75 joint arrangement.

Commissioning plans and budget setting over the next two years

- 4.7 The sexual health contract value for 2016/17 has reduced by 6.2% from the 2014/15 outturn with a total budget value of £6,530,000. It is proposed that further savings take a phased approach with the 2017/18 contracts and the 2018/19 contracts be reduced by a further 6.9% each year. This would mean the budget available from 2018/19 onwards would be £5,512,000 and realises the planned 20% reduction from the 2015/16 baseline.
- 4.8 To ensure adequate time for finalising commissioning arrangements, current Dorset County Council Contracts will need to be extended with current terms, conditions and financial allocation until April 2017. The governance, accountability, degree of pooled budgets, contractual and legal arrangements can then be agreed with the CCG by April 2017. The new joint commissioning arrangements can commence from April 2017. The Section 75 joint arrangement could commence as an established agreement when responsibility for Specialised Commissioning Services for HIV treatment and Care return to the CCG from April 2018.

Recommendation

- 4.9 The Joint Public Health Board is asked to agree:
 - The budget allocation for sexual health services for 2017/18 and 2018/19;
 - Joint commissioning arrangements and timeline with Public Health and the CCG.

Health Improvement Function

5. Health Visiting and School Nursing

Commissioning Model

- 5.1 Health visiting and school nursing are commissioned on a pan-Dorset basis, with local variations in delivery within service specifications where required.
- 5.2 12 month contracts are being re-issued to Dorset HealthCare for 2017/18, with a requirement of the service to make changes to:
- Improve reporting of interventions and outcomes;
 - Better align service delivery with local authority provision.
- 5.3 Decisions on the 2018 commissioning models will be brought to the next Joint Public Health Board in February, including deciding on the primary commissioner. Future re-commissioning of health visiting has been aligned with children's centre timelines, with new contracts in place for April 2018.

Future service models

- 5.4 A joint approach to commissioning is being taken with Local Authority colleagues in both the East (Bournemouth and Poole) and West (Dorset) to define future service models. The work programmes will be completed at the end of this year and have been designed to deliver:
- Equitable re-deployment of the health visiting service across teams that match Local Authority boundaries (workforce model complete December 2016, implementation April 2017);
 - An aligned model of health visiting and children's centre service delivery, with a focus on effective high value activity and shared outcomes (January 2017);
 - A more clearly defined school nursing model for the East and West in 2017/18, including defining the school nursing role within wider early intervention services.
- 5.5 Decisions on the 2018 commissioning models will be brought to the next Joint Public Health Board in February, including deciding on the primary commissioner. Future re-commissioning of health visiting has been aligned with children's centre timelines, with new contracts in place for April 2018.

Financial considerations

- 5.6 Since 2015/16, the health visiting and school nursing contract values have reduced by 6.2%. The 2016/17 contract values are £9,974,692 for health visiting and £1,215,903 for school nursing.
- 5.7 The 2017/18 contract will be reduced by a further 2.5%, with the allocation of an equivalent sum to a performance-related incentive payment tied to improving reporting on interventions and outcomes and alignment with local authority provision.
- 5.8 Appraisal of the options for 2018/19 health visiting and school nursing contract values will be brought to the next Joint Public Health Board meeting in February. This will include a review of the financial, service and risk implications. Parallel discussions in

each local authority are reviewing potential savings from children's centres and other early intervention services.

- 5.9 The Board is asked to note that savings beyond the planned reductions in the public health grant will have significant workforce implications and carry major political and reputational risk.

Recommendations

- 6.10 The Health Board is asked to agree the:

- Health visiting and school nursing commissioning intentions for 2017/18;
- Timelines for procurement and potential changes in primary commissioner.

- 6.11 The Board is asked to note the:

- Key decisions on the commissioning model and investment that will be required at the next meeting in February 2017;
- Discussions of strategic commissioning gaps for school aged children that are being raised with the Joint Commissioning Board.

7. Conclusion

- 7.1. This paper summarises progress since September against the main objectives of the Public Health Dorset business plan for re-commissioning of drug and alcohol, children's 0-5 services and sexual health services. For the major commissioning projects, development of commissioning intentions and arrangements for re-commissioning are well underway to ensure the transformation of services, in many cases through aligned commissioning and a move to a more whole systems approach. This supports the direction of travel with the Sustainability and Transformation Plan for Dorset.

- 7.2. There are however significant savings yet to be made. While the ring fence comes off.....