

Joint Public Health Board

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

Date of Meeting	28 June 2017
Officer	Director of Public Health
Subject of Report	Public Health Dorset business plan developments
Executive Summary	This report presents an update on developments of Public Health Dorset's business plan for 2017-18. This includes progress on commissioning of major programmes including drug and alcohol services, sexual health, children and young people, and Health Checks.
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.
	Risk Assessment:

	<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>The Joint Public Health Board is 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 as set out in paragraphs 4.6 and 5.6 of this report.
<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. Continue to deliver the required savings in the Public Health Grant while ensuring compliance with 2015 Public Contract Regulations and DCC contract procedure regulations.</p>
<p>Appendices</p>	<p>None</p>
<p>Background Papers</p>	<p>None</p>
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Director: Dr David Phillips
Director of Public Health
 June 2017

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 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 so, 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, note the current non-compliant position with the legal requirement to tender, and agree the proposed timeline and proposed way forward for commissioning via a lead provider arrangement.
- 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 meeting in February 2018.

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 February 2017 Board meeting against the objectives for drug and alcohol services, sexual health services and health visiting and school nursing services in accordance with our business plan for 2016-2018.

Clinical Treatment Services

3. Drug and Alcohol Services

Background

- 3.1 At the last meeting in February 2017 the Board approved the commencement of the procurement exercise and the award of contracts to replace a number of existing services for an initial three year period (with the provision to extend for a further two years).
- 3.2 It was agreed that a number of existing services across Bournemouth, Dorset and Poole would be integrated so that the current 10 main contracts and 26 contracts with GP practices could be managed through two or three larger contracts. This delivers savings through:
 - Reduction in service management costs;

- Reduction in building lease costs;
- Greater integration between young people and adult services to improve transition;
- Greater integration between prescribing and non-prescribing elements of service to avoid duplication and reduce relatively expensive clinical input into care pathways;
- Reduction in commissioner contract management costs

3.3 There was also agreement at the Board that services for Christchurch would be aligned where possible to those provided for Bournemouth residents to try and improve access, whilst ensuring appropriate flexibilities in new contracts to allow the arrangement to be amended, if appropriate, without the need for full procurement.

Progress to date

3.4 Since the last meeting commissioners in Bournemouth, Dorset and Poole agreed to commission services through three lots:

- **Lot 1 – Dorset Integrated Service**
An all age integrated treatment service for both adults and young people to include both prescribing and psychosocial support in the local authority area of Dorset County Council. Residents of Christchurch will receive prescribing support and associated interventions (including some psychosocial work) through the Lot 2 service for the conurbation; this work is therefore not included in Lot 1.
- **Lot 2 – Recovery Oriented Prescribing Service for Bournemouth, Poole and Christchurch**
An all-age service providing substance misuse prescribing for Bournemouth, Poole and Christchurch.
- **Lot 3 – Poole Psychosocial Support Service**
An all-age service providing psychosocial support to those with substance misuse issues in Poole.

3.5 The invitation to tender was released in late March, and interviews conducted in late May. The successful tenderers will be announced in mid-June.

Next steps

3.6 All existing contracts have been extended until the end of October 2017 to ensure a full four month period for the mobilisation of new contracts which will be in place from 1st November 2017.

3.7 Public Health Dorset will continue to work closely with the new and existing providers as well as commissioners in Bournemouth Borough Council, Borough of Poole and Dorset County Council to develop effective transition and mobilisation plans,

3.8 Commissioners are also alert to the risks to service continuity and quality during the next four months as well as immediately after the start of the new contracts, and will jointly address these as and if they arise.

4. Sexual Health Services

- 4.1 At the last Board meeting Public Health Dorset set out the vision for a more integrated sexual health commissioning model for 2017 as a way to simplify some of the commissioning complexities of the current system. The paper gave an update on work with the CCG to explore Public Health Dorset transferring the budget for sexual services to the CCG so that it could act as the lead commissioner of sexual health services.
- 4.2 At the same time as contract and budget arrangements were being discussed with the CCG, work continued on ensuring that all the sexual health providers were working together to design and agree a new community-based model. The design that has been agreed – with a central community hub for sexual health served by a number of smaller spokes – should lead to greater efficiency and more effective use of staff. There are also plans for delivering more services online. The model also includes an outreach approach that brings different services together to meet population sexual health needs across Dorset, linking with other frontline staff such as school nursing.
- 4.3 The lead provider model is progressing at pace. Because of the amount of change that the providers have managed to deliver, through an informal lead-provider arrangement, Public Health Dorset is interested in exploring whether this arrangement can be formalised going forwards in any new contract. This would fit with the local direction of travel around building an Accountable Care System in Dorset, through the Sustainability and Transformation Plan.
- 4.4 It has not been possible to agree a joint arrangement through a Section 75 agreement with Dorset CCG. One of the reasons is that the budget would effectively be subject to national NHs financial spending priorities. As the local authorities are facing national reductions in the Public Health Grant this would introduce inequity in the way that the budgets are treated locally.
- 4.5 For this reason, Public Health Dorset believes that it makes most sense to retain both the budget and contract for sexual health services going forwards, and abandon the previous plan to transfer the budget to the CCG. This means that Dorset County Council is currently non-compliant in respect of its legal duty to procure services in accordance with Public Contract Regulations. To ensure future compliance, the public health team will work with legal and procurement colleagues to develop a full business case with options to determine the best possible legally compliant commissioning arrangement going forwards, with a clear timetable.

Recommendation

- 4.6 The Joint Public Health Board is asked to:
- Agree delegated authority to the Director of Public Health to work with legal and finance colleagues to develop the business case – and if necessary, agree to sign this off before the September Joint Public Health Board with approval of the chair and deputy.

5. Children and Young Person Commissioning Update

- 5.1 Discussions at the February JPHB meeting focused on the approach for both strategic commissioning and operational service alignment. This paper provides an update on legal service requirements, budget trajectories, current contract status and anticipated procurement timeline.

Commissioning strategy

- 5.2 Health visiting and school nursing services are provided by Dorset Healthcare and contracts are due to expire 31st March 2018. There is currently a pause on procurement to consult with partners and in recognition that:
- Future models of provision and subsequent commissioning options are highly dependent on the consequences of Local Government Reorganisation;
 - The service models that will enable joint commissioning are being implemented this year;
 - There is the need to centralise provision in the West (Lyme Regis) and the CCG have aligned their procurement timelines with the Integrated Community and Primary Care Services plan. Public Health Dorset's intention is to terminate the contract elements for school nursing and health visiting from March 2018, to align with commissioning intentions for a pan-Dorset service.
- 5.3 Contract values for each service have reduced by 6.2% in 2016/17 and a further 2.5% in 2017/18 (allocated against performance related activity for this year only). The work to align health visiting service delivery with children's centre models is supporting additional efficiencies to be made in other areas of council services.
- 5.4 Work has been undertaken to ensure health visiting and school nursing services are integrated with local authority and CCG early help provision to ensure the services are fit for purpose and sustainable.
- 5.5 Strategic commissioning decisions will continue to sit with the Joint Public Health Board. The governance of local operational development and alignment of the models with other integrated children's services will rest with the following boards: Bournemouth, Early Help Board/Children's Trust Board; Poole, Developing Children's Services Board/Children's Trust Board; Dorset, FTFC Programme Board/Accountable Alliance for Children.

Recommendation

- 5.6 The Joint Public Health Board is asked to:
- Agree to support the use of the governance boards in the previous section to oversee operational service alignment;
 - Note the delay to the original procurement timetable, and support this delay given current status of local government reform (health visiting, school nursing);
 - Agree to review the following draft commissioning options at the February 2018 meeting:
 - Commission public health nursing services on a pan-Dorset, Bournemouth, Poole footprint;
 - Commission jointly with other areas of local authorities for a 0-5 service (particularly relevant for children's centres), a 5-19 service or 0-19 service;

- Continue in a non-compliant status for 2018/19.

6. Health Checks

- 6.1 The health checks programme was last reported at the Board in September 2016. Since then there has been progress with both the core and targeted programmes. Public Health Dorset re-commissioned the core NHS Health Checks programme from 1 April, 2016 across 13 localities spanning Bournemouth, Dorset and Poole. ‘Core’ Health Checks are those that have been prompted by an invitation. GP Federations were awarded contracts to deliver core Health Checks across 6 of the localities and in these areas the GP Practices have continued to send out invitations to their patients. In the remaining 7 localities, Boots Ltd were awarded contracts to deliver the service.
- 6.2 Regarding delivery of core services by Boots, which started in October 2016, most of the initial operational issues around invites and delivery, reported at the previous Board, have now been resolved. This has been achieved through the contract management process. Boots are now delivering health checks in all relevant stores. Activity is now relatively consistent and increasing as expected.
- 6.3 The GP federation contracts across the 6 localities are working well, with Mid and West Dorset practices continuing health check delivery following a successful re-procurement earlier this year.
- 6.4 The initial invite issue for Boots with GP practices has now been resolved. The public health team have worked with Boots and have developed an alternative centralised method of inviting people for an NHS Health Checks using a postcard invitation. These postcard invites have been distributed on a monthly basis since October 2016 in the areas that Boots cover. The process is working as well as can be expected through a generic invite approach, to engage local people to take up the offer of a health check. This approach will therefore continue as the invite method for Boots.
- 6.5 The public health team will continue to monitor the effectiveness of these new arrangements, and evaluate the impact of the new arrangements alongside the personal GP invitation being maintained in the areas where GP Federations delivering the service.
- 6.6 The commissioning of the more targeted NHS Health Checks programme in communities where there is higher risk of cardiovascular disease is now complete. The tender process ran from December 2016, and will start in June 2017. The tenderers were all high quality submissions and the successful candidate was North 51, who deliver targeted health checks programmes already in other areas. The public health team are working closely with managers to plan service mobilisation and stakeholder engagement. A six month evaluation of the targeted approach and an evaluation of the core service will take place this year to support future programme planning. The funding of the service will be from within the existing budget for health checks, the intention being to shift more resource from universal to targeted Health Checks over time.

7. Conclusion

- 7.1 This paper summarises progress since February 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 Joint Public Health Board members are asked to note the progress and savings made to date. Where delays have been introduced to original procurement timescales, recognise that this is in order to ensure alignment with the rest of the system changes, although it should be noted that several services remain legally 'non-compliant'. The Board is asked for its continuing support in the transformation of public health commissioned services so that they remain effective, efficient and equitable, and above all, sustainable in preparation for the removal of the ring fence to the public health grant in 2019/20.