

Joint Public Health Board

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

Date of Meeting	4 June 2018
Officer	Acting Director of Public Health
Subject of Report	Contract and Commissioning Report Update
Executive Summary	This paper provides the Board with an outline of the progress that has taken place within the main Public Health commissioned programmes.
Impact Assessment:	<p>Equalities Impact Assessment: An equality impact assessment is carried out each year on the medium term financial strategy.</p>
	<p>Use of Evidence: This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI).</p>
	<p>Budget: The Public Health budget for 2018/19 is £28.6m.</p>
	<p>Risk Assessment: 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>As in all authorities, performance continues to be monitored against a backdrop of reducing funding and continuing austerity. Failure to manage within the current year's budget not only impacts on reserves and general balances of the three local</p>

	<p>authorities but also has knock-on effects for the Medium Term Financial Plan and puts future service provision at risk.</p>
	<p>Other Implications: As noted in the report</p>
<p>Recommendation</p>	<p>The Board is asked to note the update and agree the following recommendations:</p> <ol style="list-style-type: none"> 1. To agree the proposal to amend the existing governance arrangements for the Drug and Alcohol Treatment system as outlined in the paper. 2. Public Health Dorset review other community provider contracts with GP practices and pharmacy with an aim to fully integrate sexual health service provision by March 31st 2020. 3. The NHS Health Checks locality-based service model to be developed for consideration by JPHB at the next Board
<p>Reason for Recommendation</p>	<p>Close monitoring of the commissioned programmes is essential requirement to ensure that services and resources are compliant used efficiently and effectively.</p>
<p>Appendices</p>	<p>None</p>
<p>Background Papers</p>	<p>None</p>
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Contract and Commissioning update

1. Drugs and alcohol

- 1.1 The Pan-Dorset Drug and Alcohol Governance Board was established in April 2015, following a review of the arrangements for drug and alcohol commissioning in Bournemouth, Dorset and Poole. The Board has reported to the Joint Public Health Board and been supported by a Lead Officer Commissioning Group involving service leads from the three Local Authorities and Public Health Dorset, and representatives from Dorset CCG, National Probation Team, Community Rehabilitation Company, and the Office of the Police and Crime Commissioner.
- 1.2 The terms of reference of the Board were reviewed at its meeting in July 2017, and the resulting discussion focused on the future role of the Board given the system wide changes that have already taken place and those that are anticipated:
- The Governance Board has been well supported by all partner organisations, but there is recognition that the same partners meet in a number of strategic partnerships and often have similar discussions to those at the Governance Board.
 - The Governance Board has performed an important role in providing oversight of the procurement of treatment services, but has had a more limited impact on strategic issues.
 - The Lead Commissioners Group has proved to be an effective way to manage service performance issues and make decisions about service development.
 - It is not yet clear what impact Local Government Reform (LGR) will have on the future commissioning arrangements for substance misuse treatment services, or on strategic partnership arrangements.
 - The evolution of the Integrated Care System may influence future arrangements for commissioning.

A small working group subsequently met to consider the role of the board in more detail. Five core governance functions were identified which are summarised in the table below.

Function	Discussion points
Oversight of the commissioning and procurement process	This role has been very useful, but new contracts now in place for the next 3-5 years.
Review of performance of the treatment system	A key responsibility and clarity is needed on where this sits.
Oversight of the Drug and Alcohol Strategy	The strategy covers Prevention, Treatment and Safety and so has significant crossover with other strategic work streams e.g. STP, Children's Trust Boards, Community Safety Partnerships.
Partnership approach to managing impacts of substance misuse	The same partners meet in a number of different strategic groups and have similar discussions.
Oversight of Needs Assessment and JSNA	The responsibility for the JSNA sits with Health and Wellbeing Boards. Treatment system needs assessment informs treatment system commissioning and service improvement.

	The broader system impacts of substance misuse are assessed in other strategic partnerships.
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1.4 Three options for the future governance of the drug and alcohol agenda were proposed to the Governance Board in January 2018.

1.5 The consensus of the Board was that its value as a group had primarily been to provide oversight of the procurement process and that the other governance functions could be adequately managed in alternative ways. They therefore propose to stop meeting as a Governance Board and to cover off the other governance functions by:

- Ensuring adequate member oversight of strategic performance by providing regular six-monthly treatment system performance reports to the Joint Public Health Board.
- Extending the role of the Lead Commissioners Group to highlight issues to the Joint Public Health Board, reviewing the membership of the group, and inviting other partners as needed according to the agenda. The Lead Commissioners Group would also report to the Joint Commissioning Board for any Joint Commissioning issues.
- Increasing the visibility of drug and alcohol system-wide issues within other existing strategic groups. Joint commissioning and cross cutting strategic issues would be referred to the appropriate governance group, Children's Trust Boards for children, Criminal Justice Board and Community Safety Partnership for Crime.

2. Sexual Health Services

2.1 At the last Joint Public Health Board (JPHB) Public Health Dorset sought the Board's approval to pursue our recommended option for securing sexual health services via a direct award to Dorset Healthcare University NHS Trust, under a lead provider model. This was agreed and the JPHB delegated authority to the Director of Public Health to develop the business case for direct award and proceed outside of the formal meeting.

2.2 The sexual health service development has made significant progress over the last three months. Public Health Dorset have successfully negotiated the contract with Dorset Health Care Foundation Trust (DHCFT). The integrated sexual health service specification, and relevant collaborative working documentation has been agreed and signed off by all providers, to work together within the agreed contract envelope. The due diligence and quality assurance processes for DHCFT are also complete.

2.3 The VEAT notice (Voluntary Ex-Ante notice) was published in April 2018 for the 10 day standstill period, which publicised the Council's recommendation to award directly, and allowed for the market to challenge. No challenge was forthcoming during this time and the deadline has now expired.

2.4 Through the agreed delegated authority, the Director of Public Health then signed off the recommendation to award report (RTA), which is required for all procurement processes.

- 2.5 This has enabled Public Health Dorset to issue and sign contracts and award directly to Dorset Healthcare as lead provider. This means that all the necessary contracts have been issued in time for the integrated service to start on 1st May 2018.

The next stage will be to fully mobilise, establish and monitor the integrated model to ensure savings are met during 2018/19 financial year. As part of planning for 2019/20, it is recommended that DHCFT and Public Health Dorset review other community provider contracts with GP practices and pharmacy with an aim to fully integrate sexual health service provision by 31 March 2020.

3. Children and Young Person commissioning

- 3.1. Since the last JPHB, a further one-year contract has been awarded from April 1st 2018 for Public Health Nursing services. Engagement has taken place with senior stakeholders in order to develop options for procurement and commissioning. The options paper has been placed as a separate item on this agenda for the JPHB to consider.

4. Health Improvement including Health Checks

- 4.1. The LiveWell Dorset service was successfully transferred in-house on 1 April 2018 and is now building capacity to support more people in line with its service plan. The new digital support service, is also live (the interactive website that the JPHB viewed at the last Board meeting). Website analytics data for the first months' usage shows that more than 3,000 unique users have viewed the site, leading to more than 60 requests for a coach to call them back, and 50 online coaching chats.
- 4.2. The NHS Health Checks programme continues to show variable performance across Dorset, partly due to a lack of GP invitations in several localities. A task and finish group has been set up to discuss new ways of working with Public Health Dorset, the Dorset Clinical Commissioning Group, Primary Care leads and Dorset Health Care. There is a real opportunity as the Integrated Care System evolves to put the programme back at the heart of locality public health plans, with greater ownership by local GP practices to ensure they meet population needs more closely.
- 4.3. The task and finish group is developing a framework for a new service model that would be used as a basis to re-tender the service. Among the principles we are seeking agreement on is ensuring people are invited from the GP register, and that outcomes and actions such as health improvement changes, are recorded properly on the GP clinical systems. Each locality will agree the mix of providers of health checks to ensure the right model of service is in place for different populations. The task and finish group is also looking at how other population health checks could also be brought into the model. This includes checks for learning disability or people living with severe mental health conditions, recorded on GP registers.
- 4.4. The service model will be co-designed with service users, for consideration by the Board later this year. The tender timescales will be planned to ensure new contracts begin from April 2019.

5. Conclusion

- 5.1. This paper describes the progress that has taken place within key Public Health commissioned programmes.

5.2. The Board are asked to note the update and agree the following recommendations:

- To agree the proposal to amend the existing governance arrangements for the Drug and Alcohol Treatment system as outlined above;
- Public Health Dorset review other community provider contracts with GP practices and pharmacy with an aim to fully integrate sexual health service provision by 31 March 2020;
- The NHS Health Checks service model to be developed for JPHB consideration.

Sam Crowe
Acting Director of Public Health

June 2018