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Joint Public Health Board

Date: Tuesday, 21 July 2020

Time: 10.00 am

Venue: Virtual - MS Teams meeting /OB

Membership: (Quorum)
Graham Carr-Jones, Laura Miller, Lesley Dedman and Sandra Moore

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Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please telephone Democratic Services on 01305 or David Northover 224175 david.northover@dorsetcouncil.gov.uk

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A G E N D A

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the meeting from the Dorset Council representatives.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the meeting from the BCP representatives.

3 APOLOGIES

To receive any apologies for absence.

4 MINUTES 5 - 12

To confirm the minutes of the meeting held on 3 February 2020.

5 DECLARATIONS OF INTEREST

To receive any declarations of interest.

6 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

7 FORWARD PLAN 13 - 16

To receive and consider the latest Forward Plan.

8 COVID-19 LOCAL OUTBREAK MANAGEMENT PLANS

To consider a verbal report by the Director of Public Health

9 FUTURE OF PUBLIC HEALTH DORSET - PARTNERSHIP AGREEMENT

To consider a verbal report by the Director of Public Health

10 FINANCE REPORT 17 - 24

To consider a joint report by the Chief Financial Officer and the Director of Public Health.

11 EXTENSION OF DRUG AND ALCOHOL CONTRACTS 25 - 34

To consider a report by the Director of Public Health

12 APPROVAL REQUEST FOR LIVEWELL DORSET DIGITAL SERVICES SOURCING/COMMISSIONING 35 - 42

To consider a report by the Director of Public Health

13 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

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DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON MONDAY 3 FEBRUARY 2020

Present: Cllrs Graham Carr-Jones, Laura Miller, Lesley Dedman and Sandra Moore

Officers present:
Mr Sam Crowe (Director of Public Health), Dr Jane Horne (Consultant in Public Health), Sian White (Finance Manager), Clare White (Accountant), Vanessa Read (Director of Nursing and Quality (VR) – Dorset CCG) and David Northover (Senior Democratic Services Officer).

27. **Election of Chairman**

Resolved
That Councillor Lesley Dedman be elected Chairman for the meeting.

28. **Apologies**

No apologies for absence were received at the meeting.

29. **Minutes**

The minutes of the meeting held on 25 November 2019 were confirmed and signed, subject to an alternation to the title of Sam Crowe, from “Dr” to Mr”.

30. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

31. **Forward Plan**

The Board’s Forward Plan was noted and, what was due to be considered over the coming months, accepted.

32. **Future of Public Health Dorset - Update**

The Board considered a summary on progress with renewing the 2013 partnership agreement for Public Health Dorset, how this would be applied and what this entailed.

Given the current uncertainty over the future financing of public health and lack of information available in the 2019 Local Government Settlement, it had been agreed that there was a need to give some more thought over providing for an extended period to review and invigorate the agreement to ensure it remained fit for purpose and that how it was applied met what outcomes were necessary, for approval by the Board at their May 2020 meeting.

A key consideration would be whether the Government planned to continue exploring alternative funding mechanisms to the public health Grant, including removal of the ring-fence and funding via retained business rates.

The partnership agreement between Dorset and BCP Councils covered the terms under which each Council payed a contribution from its Public Health Grant into the partnership. The combined total paid under this agreement in 2019/20 was £27.7m.

The meeting agreed in principle - and understood the need for – beginning to work towards reviewing and reinvigorating the legal agreement between the Councils governing the shared service, so that it was best placed to meet the necessary objectives and outcomes of Public Health Dorset and could be a basis for accessing and optimising what opportunities there were for health and wellbeing benefits.

Resolved
That the update on progress towards renewing the partnership agreement for the Shared Service be noted, and how this was proposed to be done, endorsed.

Reason for Decision
To keep the Board updated on progress with renewing the partnership agreement for the Public Health Shared Service.

33. **Finance Report**

With the aid of a visual presentation, Members were provided with an update on the use of each Council's grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each Council outside of the public health shared service. The report described how the funding was being applied and to what services and in what proportion.

The revenue budget for Public Health Dorset in 2019/20 opened at £27.705M, based on an indicative Grant Allocation of £32.525M. There had been movement in from reserves and realignment of the retained elements, giving a shared service budget of £27.716M. Forecast outturn for 2019/20 showed a £321k underspend. Dorset Council retained £617k of their 19/20 ring-fenced grant, with forecast outturn £617k. BCP retained £4.355M of their 19/20 ring-fenced grant.

The Spending Round 2019 had announced a real-terms increase to the overall public health grant in 2020/21. Whilst no further detail had yet been shared as to what this meant for local authority allocations, it was hoped this would be published imminently. Until then, each Council and the Shared Service were working on the basis of the same grants and retained elements being available as 2019/20, leading to a £56k reduction in the Shared Service budget.

As members, at their last meeting, had also agreed to look at how the uncommitted shared service public health reserves was used, it was now being proposed that, after taking anticipated underspend into account, £870k from reserves should be split pro-rata to population, with £426k being returned to Dorset Council and £444k returned to BCP. This would remain ring-fenced in line with the grant conditions and how it was used would be reported at the next Board meeting in May.

It was confirmed that the quality of services being provided was being monitored effectively to ensure standards were maintained and enhanced where practicable. The Board were assured that any concern expressed at how funding for children's needs were being met could be allayed by the processes in place to ensure safeguarding was prioritized in that regard. Moreover, how the drugs and alcohol service commissioned by BCP - which sat outside the ringfenced funding - was performing, should be made available to the Board, as applicable. The Director confirmed that the new Business model now provided for a more transparent mechanism for attainting the information with how funding was categorised and applied now being readily available. Furthermore, any revised Partnership agreement would further address this issue.

The Board recognised that the available funding was being used as efficiently as it could be and was being prioritised so as to optimise the benefits to Public Health Dorset in achieving its objectives.

Resolved

1) That the shared service 19/20 forecast outturn; the use of 19/20 retained public health grant in Dorset Council and
BCP council respectively and the draft 2020/21 budget and update on grant allocation be noted and duly acknowledged.
2) That the return of £426k to Dorset Council and £444k to BCP Council from Public Health Dorset reserves, to support non-recurrent spend in line with the public heath grant conditions be approved.

Reasons for Decisions

1)The public health grant was ring-fenced and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.
2) The public health shared service delivered public health services across Dorset Council (DC) and BCP Council. The service worked closely with both

Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each Council also provided a range of other services with public health impact and retained a portion of the grant to support this in different ways.

34. **Prevention at Scale (PAS) Strategy**

The Board acknowledged that prevention was integral to Public Health Dorset's Integrated Care System Plans and all that it was trying to achieve, as well as being critical in both local authority's corporate strategy in how these were applied and how their priorities would be delivered.

Members were provided with a Public Health Dorset perspective on progress in transforming the Dorset System approach to prevention over the previous 5 years, which set out a high level strategy for the Service and how it could support what was to be done going forward. Our Dorset - the Dorset Sustainability and Transformation Plan – had been published in 2015 and included Prevention at Scale as a key programme to help reduce demand within the system as well as improving population health and wellbeing: by encouraging healthier lifestyle options before there was a need for more evasive NHS interventions. Although there was ongoing prevention work across the system, this was not able to always be readily coordinated or any degree of consistency, with there being a need for all that was necessary to be readily available and accessible.

The two Authority's respective Health and Wellbeing Boards had given consideration to what was necessary to have a more co-ordinated, sustainable and effective prevention approach across the system, resulting in a portfolio of work, organised into four programmes:

- Starting Well,
- Living Well,
- Ageing Well and
- Healthy Places.

The contribution Public Health Dorset made to this was in being responsible for delivery of key preventative projects, integral to the Business Plan, with them providing a supportive or facilitative role in assisting with the delivery of those services by other partners within the system. Whilst good progress had been made, there had been challenges due to interdependencies with other portfolios of work, shifting timelines and priorities across the system and the inevitably finite resource within the system to deliver change. How this was being applied since the inception of the two new authorities was acknowledged with there being a critical need to embed prevention within the two new councils' ways of working and all that it did. So as to have a strategy that was able to meet the need of the two Unitary Authorities, a rationalisation of the ICS Plan was necessary so that it remained purposeful.

As both Councils were now firmly established, with corporate strategies developed and the ICS plan updated, it was seen to be opportune to take

stock and refresh the approach taken to prevention, with Public Health Dorset identifying three main areas of focus going forward:

- Local authority transformation
- Improvements and transformation within the Public Health Dorset and LiveWell Dorset services
- Support to the Integrated Care System and prevention embedded within the NHS.

Members considered the appendix to the report to be very helpful in their better understanding of what Prevention at Scale entailed in seeing how this was being delivered, the way it was being delivered and why it was being done. With the aim of establishing stronger and healthier communities, members asked that consideration be given to ensuing that health was integral to housing and planning policy considerations. It was acknowledged that the LiveWell initiative was instrumental in what could be achieved and renewed publicity would be given to its benefits. The Board were pleased to see the satisfactory progress being made in how Prevention at Scale was being delivered, and how community based access to this contributed towards this.

Resolved

1) That progress made of the Prevention at Scale initiative to date and that a stocktake of progress made in accordance with the Public Health England suite of interventions and what it had achieved be noted and endorsed.

2) That discussion at the ICS System Leadership Team be supported, so as to clarify how outstanding initiatives identified the stocktake might be addressed under **Our Dorset, Looking Forwards** – the refreshed plan for the system.

3) That a high level strategy be approved for Public Health Dorset that focused on the three broad areas of:

- Local authority transformation
- Internal improvements and transformation within the Public Health Dorset and LiveWell Dorset service
- Support to the Integrated Care System and ensuring prevention continues to be embedded within the NHS

Reason for decision

To ensure the benefits of the Prevention at Scale initiative were realised and maintained so that it achieved what it was designed to do.

35. **Health Improvement Performance Update**

Members were provided with a high-level summary of performance for LiveWell Dorset; smoking cessation; weight management services; health checks and Children and Young People's Public Health Service (CYPPHS) performance, with supporting data contained in the appendices to the report.

The Service was to deliver additionally on four key local health and wellbeing priorities:

- reducing smoking, particularly in pregnancy and postnatally
- increasing family physical activity
- improving family wellbeing and mental health

• ensuring children arrive at school ready to learn and achieve.

Officers explained that Public Health Dorset and Dorset HealthCare senior leaders were working with partners on a number of phased implementation plans to enable changes to key elements of the new service model and operational delivery namely: workforce, intelligence, communications and digital.

The Board was updated on the performance of each service since the new procurement model had been implemented. It was considered that this was seen to be successful in what was being delivered, how this was being done and the benefits being gained.

Integral to improvements being made in public health and wellbeing was the LiveWell Dorset initiative, being a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol, having supported almost 30,000 people since April 2015. It was seen to be a successful initiative and was pleasing to see that activity had increased by 43 % in 2019/20 compared with the previous year, and was on track to meet the ambitious target of 10,000 people supported over the year, compared with 6,600 in 2018/19, this being driven by more digital users and by supporting organisations.

The development of the next LiveWell Dorset Service Plan, for 2020/21, was being undertaken with already agreed development priorities being enhanced smoking cessation – with offers for hard-to-reach groups, including vaping - and further development of the digital LiveWell Dorset offer to increase the scale and reach of support.

Weight management - local weight loss services were delivered by two national providers, Slimming World and Weight Watchers, with access managed by LiveWell Dorset to ensure individuals were in receipt of behaviour change support before taking up the service. Access to services was good, with there being a 75 % increase in people accessing weight loss support in 2019, compared with the previous year. Services remained effective at reaching people living in deprived communities. The Board were pleased to see that the impact of services had increased in 2019 following the introduction of a new payment by results contract, with an increase in the percentage of people achieving and sustaining 5% weight loss at 3 months.
Smoking cessation – success was evident from the prevalence for smoking to continue to decline locally in line with national trends, driven by more people successfully stopping, fewer young people taking up smoking and the increasing popularity of vaping products which played a significant part as a popular and moderate alternative.

Health Checks **-** current performance for the delivery of NHS Health Checks was seen to be improving, but remained variable across Dorset. Since the new programme of provision was put in place following a successful procurement exercise, GP and pharmacy providers were delivering under the

new contract, which showed some encouraging early indications of increased activity compared to the previous year.

Children and Young People's Public Health Nursing Services (0 – 19 years) / Health Visiting – as health visitors and school nurses had a crucial leadership, co-ordination and delivery role within the Healthy Child Programme, this Service, pan-Dorset, was high performing when compared with other services in England and, overall, parents and carers express high levels of satisfaction with the Service.

The Board were pleased to learn of the improvements being made and the way this was being done, seeing the benefits of how the new model was being applied and hoped this progress could be maintained and enhanced where practicable.

Resolved
That the information on what activities there were to complement the Health Improvement agenda and how the performance of health improvement services and children and young people's services was seen to be successful, be acknowledged and noted.

Reason for Decision
To update the Joint Public Health Board on Health Improvement activities and to note their performance.

36. **Business Plan Monitoring**

The Board was provided with a quarterly summary of progress in delivering the agreed outputs from the Public Health Dorset Business Plan for 2019/20, showing that the public health team was making good progress in delivering this. The process of refreshing the Plan for 2020/21 was now beginning and would be a relatively light touch review of current work, with the major areas of change to be in the Prevention at Scale work, the reasoning for this being explained earlier in the meeting. The approach to monitoring delivery was illustrated by RAG rating progress against project milestones, together with an associated commentary on what was being done, how it was being done and why it was being done.

The Director for Public Health took the opportunity to confirm what Public Health Dorset was doing in response to the Coronavirus/Covid-19 outbreak. He assured the Board that arrangements were in place in preparedness for any cases being confirmed in Dorset, with any need for action to be initiated by Public Health England. As it stood, he confirmed that Dorset remained on alert and watchful of developments.

The Board were pleased to see that the monitoring report showed that Public Health Dorset was making good progress in delivering against its Business Plan in this financial year and hoped this could be maintained, and improved, where practicable.

Resolved
That the progress being made be noted and that the proposal for a light touch review of the current Business Plan for 2020/21 be endorsed.

Reason for Decision
To ensure that what was being done and the way this was happening continued to meet the objectives and outcomes set by Public Health Dorset.

37. **Dates of Future meetings**

Confirmation of the dates of future meetings in May, July, November 2020 and February 2021 were to be determined in conjunction with the Board's availability.

38. **Urgent items**

There were no urgent items for consideration at the meeting.

Duration of meeting: 10.00 am - 12.20 pm

Chairman

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Joint Public Health Board Forward Plan
For the period JULY 2020 TO FEBRUARY 2021
(publication date – 7JULY 2020)

Explanatory Note:
This Forward Plan contains future items to be considered by the Joint Public Health Board. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions
Key decisions are defined in Dorset Council's Constitution as decisions of the Joint Public Health Board which are likely to -

(a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (***Thresholds - £500k***); or
(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of *"significant"* for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Private/Exempt Items for Decision
Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
   (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
   (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
COVID-19 Local Outbreak Management Plans	Joint Public Health Board	21 July 2020	Officers and portfolio holders from each member local authority..		Presentation	Sam Crowe
Future of Public Health Dorset – Partnership Agreement	Joint Public Health Board	21 July 2020	Officers and portfolio holders from each member local authority	N/A	Verbal Update	Sam Crowe
Finance report	Joint Public Health Board	21 July 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Drug & Alcohol Treatment System **General Exception Notice**	Joint Public Health Board	21 July 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Will Haydock
Commissioning Intentions for LiveWell Dorset ICT and Digital Provision **General Exception Notice**	Joint Public Health Board	21 July 2020	Officers and portfolio holders from each member local authority..	N/A	Board Report	Sophia Callaghan
Future of Public Health Dorset – Partnership Agreement	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member	N/A	Board report	Sam Crowe

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
			local authority			
Finance report	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders for each member local authority	N/A	Board report	
Commissioning Options for Drug & Alcohol Services in BCP Council	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Will Haydock
Public Health Nursing – Reflection on Year 1 of contract and COVID-19 response	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders for each member local authority	N/A	Board report	Jo Wilson
Sexual Health – mobilisation of new contract, integration progress and changes due to COVID-19 response	Joint Public Health Board	5 Nov 2020	Officers and portfolio holders for each member	N/A	Board report	Sophia Callaghan

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
			local authority			
Annual Review of the Joint Public Health Board	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority	N/A	Board report	
Finance report	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	9 Feb 2021	Officers and portfolio holders for each member local authority	N/A	Board report	

Joint Public Health Board
21 July 2020
Finance Update

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr L Dedman, Adult Social Care and Health, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Jane Horne
Title: Consultant in Public Health
Tel: 01305 224400
Email: jane.horne@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:
The Joint Public Health Board is asked to note this report.

Reason for Recommendation:
The public health grant is ring-fenced and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

1. Executive Summary

1.1. This report provides a regular update on the use of each council's grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each council outside of the public health shared service.

1.2. The final 19/20 outturn for the shared service budget was an underspend of £170k.

1.3. Following the Spending Round 2019 announcement of a real terms uplift, detail of local authority allocations was published on 17 March 2020. Agreed contributions to the shared service budget for Public Health Dorset in 2020/21 give a revenue budget of £28.748M, based on an indicative Grant Allocation of £33.838M.

1.4. Dorset Council retains £617k and BCP retains £4.472M of their respective 20/21 ring-fenced grants.

1.5. Recognised underlying cost pressures, for example in drugs and alcohol, have been met through savings in other areas to date. With COVID it is unclear to what extent this can continue. COVID has also highlighted additional cost-pressures within public health services and for the system. These cost pressures will be met within the uplift to the shared service budget, without making a call on MHCLG additional COVID funding. Our tentative initial forecast outturn is therefore a £177k underspend

1.6. Work on local outbreak management plans in response to the next phase of COVID-19 began during June. Additional DHSC funding has been allocated nationally to support these plans. Resource and capacity plans will be developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health, overseen by each Health and Wellbeing Board.

1.7. Reserves stand at £617k for Prevention at Scale and £293k uncommitted funds.

2. Financial Implications

1.8. The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities.

3. Climate implications

1.9. Public Health Dorset supports a range of work that will have impacts on climate change, and some of this work has seen massive change through the COVID-19 period. A key focus for recovery will be how to maintain this impetus.

4. Other Implications

1.10. Public Health Dorset deliver mandated public health functions on behalf of both Dorset Council and BCP council. A key part of this is assurance on

eth Health Protection function, working closely with the South West Public Health England team. This is clearly critical in our response to COVID-19.

5. Risk Assessment

Having considered the risks associated with this financial monitoring, the level of risk has been identified as:

Current Risk: MEDIUM
Residual Risk: LOW

6. Equalities Impact Assessment

This is a monitoring report therefore EqIA is not applicable.

7. Appendices

Appendix 1. Finance Tables July 2020

8. Background Papers

Previous finance reports to the Board
Public Health grant to local authorities 2020/2021, published 17/03/20

9. 2019/20 Public Health Dorset budget outturn

1.11. Final year end position for 19/20 was an underspend of £170k, a deterioration from predicted underspend in Feb 2020.

1.12. This was due to:

a. Full effect of additional prescribing and dispensing costs within drug and alcohol treatment services.
b. Full effect of additional numbers of patients are being managed within the system, particularly in Bournemouth

10. 20/21 Grant Uplift

1.13. The Spending Round 2019 announced a real terms increase to the overall public health grant in 2020/21. Detail was shared with local authorities on 17/3/20. The grant for Dorset council grew from £13,172k to £14,072k (£900k increase) and for BCP council from £19,353k to £19,766k (£412k increase). Guidance released alongside the grant notes that this *includes an adjustment to cover the estimated additional Agenda for Change pay costs of eligible staff working in organisations commissioned by local authorities to deliver public health services.*

1.14. The Agenda for Change pay deal was a 3-year deal from 18/19 to 20/21. Large providers have received non-recurrent funding direct from NHSE to cover these costs in 18/19 and 19/20. Our current understanding is that we will only need to pick up the final year of the deal (i.e. 20/21) but we are still working this through with Dorset HealthCare (the main provider to

whom this applies). Latest estimates of a single year effect are £310k, but these continue to be worked through.

11. 20/21 shared service budget

1.15. Agreed local authority contributions are set out in table 2 in the appendix. This gives a shared service budget of £28,748k.

1.16. Clearly with the COVID 19 pandemic substantial changes have had to be made to public health services, and additional support has been needed to mitigate both the physical consequences of the virus, and the economic and mental health consequences of "lockdown" and social distancing measures. This has created additional cost pressures on both Public Health Dorset and the wider system.

1.17. Public Health Dorset recognises that both Councils are facing significant financial challenges. Following announcement of additional COVID-19 funding from MHCLG in March 2020, Public Health Dorset agreed, in discussion with both councils that any cost pressures identified at that point would be funded through the grant uplift or other system partners and no call would be made on the MHCLG funding.

1.18. Estimates of cost pressures at the time included:

a. Non-COVID related:
   - Drug and Alcohol services: £240k (additional demand in BCP)
   - Agenda For Change uplift on NHS contracts: £310k

b. COVID related:
   - Drug and Alcohol services: £450k
   - Sexual Health Services: £75k
   - Health Improvement (smoking): £85k
   - Suicide and bereavement support: £100k
   - Modelling and data science: £60k
   - System mental health support (both CYP, workforce and adults): £400k

1.19. The uplift in the shared service budget has therefore been used to cover these areas for 20/21, with a recognition that there may need to be further discussion about how this is used longer term. The budget is set out in table 3 in the appendix, along with a very initial forecast, recognising the very high level of uncertainty that continues.

1.20. The forecast does not take account of work to support Local Outbreak Management Plans and any use of the additional resources allocated from the Test and Trace Grant from MHCLG on 10 June 2020 to support these.

12. Reserves

1.21. At the November JPHB indicative plans were agreed for the use of £617k PAS committed reserves within the Public Heath Dorset 2020/21 business plan. Given the limited capacity within the team due to work supporting the COVID response, it is likely that some of this work may slip. We continue to review and support what we can, recognising that some of the changes required due to COVID may have supported or accelerated our overall planned direction of travel. There has not been a requirement to date to pull on reserves.

1.22. The current reserve also includes £293,600 uncommitted funds. This is lower than the planned £0.5M contingency, having returned £870k to the local authorities in 19/20.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1. Finance Tables July 2020

Table 1. 19/20 Outturn

2019/20	Budget 2019-2020	Outturn 2019-2020	Over/underspend 2019/20
Public Health Function			
Clinical Treatment Services	£11,208,000	£11,513,578	-£305,578
Early Intervention 0-19	£11,104,000	£11,155,559	-£51,559
Health Improvement	£2,783,843	£2,081,249	£702,594
Health Protection	£57,000	£23,854	£33,146
Public Health Intelligence	£147,800	£104,025	£43,775
Resilience and Inequalities	£188,651	£315,077	-£126,426
Public Health Team	£2,066,742	£2,192,395	-£125,654
Reserve amount to BCP	£444,000	£444,000	£0
Reserve amount to DC	£426,000	£426,000	£0
Total	**£28,426,036**	**£28,255,737**	**£170,300**

Table 2. Partner contributions 20/21

2020/21	BCP	Dorset	Total
	£	£	£
2020/21 Grant Allocation	19,765,800	14,072,300	33,838,100
Less retained amounts	-4,472,100	-617,400	-5,089,500
Joint Service Budget Partner Contributions	15,293,700	13,454,900	28,748,600
Budget 2020/21			**£28,748,600**

Table 3. 20/21 Forecast Outturn

2020/21	Budget 2020-2021	Forecast Outturn 2020-2021	Forecast Over/underspend 2020/21
Public Health Function			
Clinical Treatment Services	£11,803,000	£11,933,224	-£130,224
Early Intervention 0-19	£11,185,000	£11,543,000	-£358,000
Health Improvement	£2,648,000	£1,970,063	£677,937
Health Protection	£35,500	£35,500	£0
Public Health Intelligence	£180,000	£148,735	£31,265
Resilience and Inequalities	£314,100	£314,100	£0
Public Health Team	£2,583,000	£2,626,610	-£43,610
Total	**£28,748,600**	**£28,571,232**	**£177,368**

Table 4. Public Health Reserves

Opening balance 1/4/19	£1,784,000	
PHD Commitment to STP/PAS costs	£791,000	
STP/PAS transfer from reserve	-£27,000	HEAT Melcombe Regis Certificates
	-£39,000	HEAT Melcombe Regis Certificates Pt 2
	-£108,000	Smoking TFR
Balance of PHD Commitment to STP/PAS costs	**£617,000**	
	-£426,000	Return to BCP (one off)
	-£444,000	Return to DC (one off)
	£170,300	19/20 underspend to reserve
Balance uncommitted in reserve	**£293,600**	

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Joint Public Health Board
21 July 2020
Extension of drug and alcohol contracts

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr L Dedman, Adult Social Care and Health, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Nicky Cleave
Title: Director of Public Health
Tel: 01305 225879
Email: nicky.cleave@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- That the contract for the REACH service is extended for the full two years available, to the end of October 2022.
- That the contracts for services in BCP held by AWP and EDAS are extended for one year, to the end of October 2021, with the expectation that a new service (or services) will be commissioned by either one of BCP Council or Public Health Dorset in the interim.

Reason for Recommendation: To ensure adequate time for preparation for procurement of services as well as service continuity for service users.

1. Executive Summary

Three community substance misuse contracts held by Public Health Dorset are due to expire at the end of October 2020. These contracts can be extended by up to 2 further years

Performance in the Dorset Council area is good, with a mature local partnership and identified areas for improvement. It is recommended that the contract for the REACH service is extended for the full two years available to the end of October 2022.

Provision across BCP, inherited from the previous councils, is inequitable, with different approaches, service designs and funding per head, and commissioned by both BCP Council and Public Health Dorset. It is recommended that a single commissioning strategy is developed for BCP as a whole, to ensure equity and efficiency, with one organisation responsible for all relevant services. Commissioners advise that at least 12 months should be allocated for a full process of review and re-commissioning. It is therefore recommended that the contracts for services in BCP held by AWP and EDAS are extended for one year, to the end of October 2021, with the expectation that a new service (or services) will be commissioned by either one of BCP Council or Public Health Dorset in the interim.

2. Financial Implications

None

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

None

8. Background Papers

None

1 Introduction

1.1 In 2017, Public Health Dorset procured a range of community substance misuse treatment services for Dorset County Council, Borough of Poole and Bournemouth Borough Council. All contracts started on 01 November 2017 and were initially for a period of three years. The initial period comes to an end on 31 October 2020, but there is the option to extend for up to two further years, to 31 October 2022. Notice of our intention must be communicated to providers by 31 July 2020 at the latest, to ensure a 3-month notice period. This paper presents recommendations for contract extension for each of the three contracts.

1.2 These services support people who have issues with alcohol and other drugs. The offer can broadly be divided into two types.

- **Prescribing services** offer medication to manage withdrawal from alcohol or other drugs. In the case of opioids such as heroin, this form of treatment can be effectively used for several years, as a form of 'substitution' treatment.

- **Psychosocial services** offer support through talking therapies (such as Motivational Interviewing and Cognitive Behavioural Therapy) and support in relation to wider life skills and knowledge, such as employment, relationships and budgeting.

1.3 In addition to these services, there are other contracts held by Public Health Dorset and BCP Council for people who use alcohol or other drugs with community pharmacies for and a range of NHS and third sector residential units for detoxification and rehabilitation. BCP council separately commissions We Are With You to offer services comparable to Lot 3 below, covering the Bournemouth area, which is a legacy of Bournemouth Borough Council. This contract is managed by a separate BCP Drug and Alcohol Commissioning Team (DACT).

1.4 BCP Council has a clear aim to harmonise provision across the area, to ensure there is equity of service. At present, the offer for clients varies somewhat across the three areas of Bournemouth, Christchurch and Poole, as the psychosocial and young people's provision is offered by different providers, with slightly different specifications, priorities, and funding per head.

1.5 While this paper outlines specific recommendations for the contracts held by Public Health Dorset, which therefore come under the remit of the Joint Public Health Board, it is essential that these decisions are made in tandem with those affecting any services commissioned by BCP Council that form part of the same local treatment system. The best way to ensure consistency and integration in future, is to place responsibility for this future commissioning exercise (as well as for all other relevant services in the area) with one organisation, either by Public Health Dorset or BCP Council directly, through its DACT.

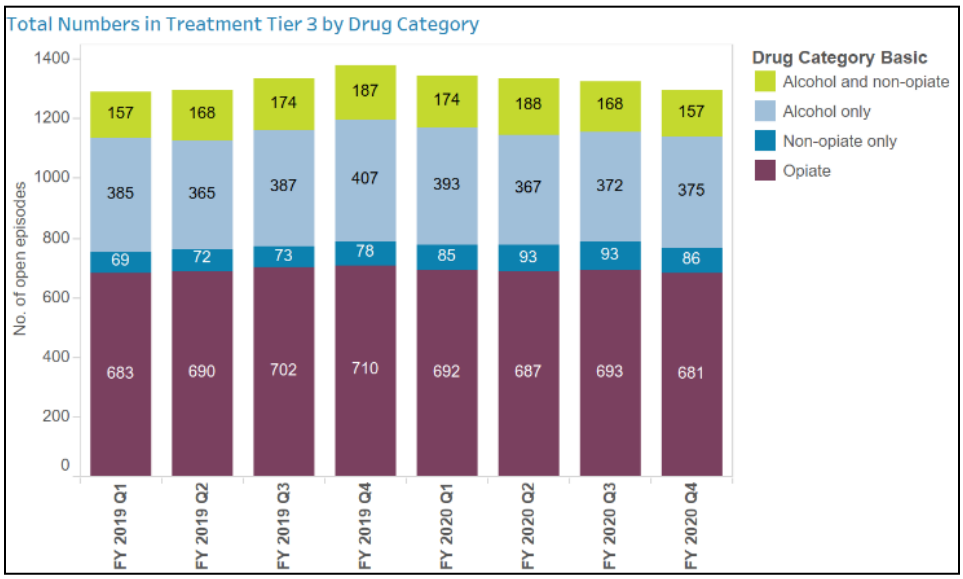
2 Lot 1: REACH treatment for Dorset

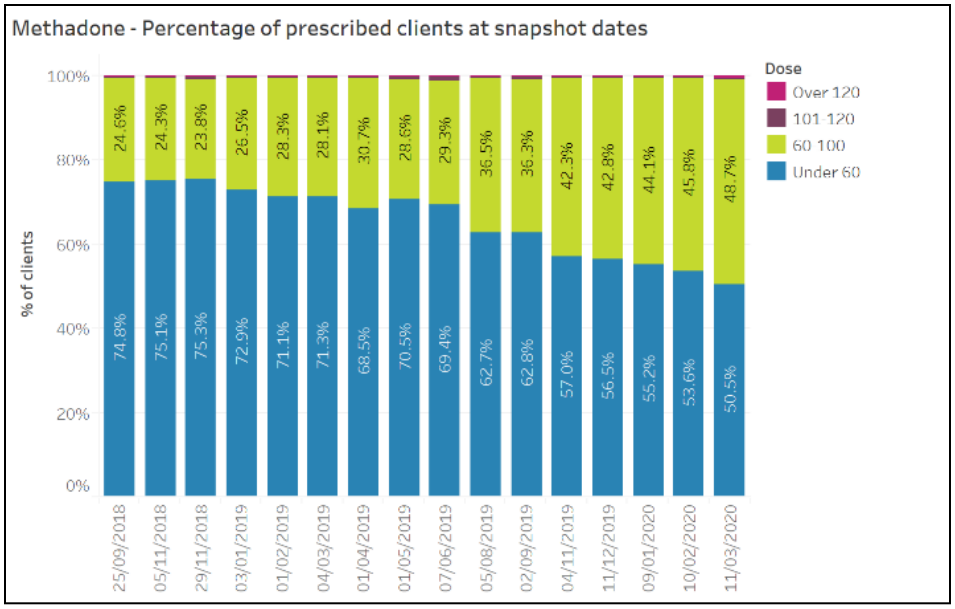
2.1 This is a single integrated contract held by EDP (a charity based in Exeter, formerly Exeter Drugs Project) for both prescribing and psychosocial provision, for clients of all ages (i.e. including children and young people) and all substances. However, in practice sub-contracting arrangements mean that young people's services are offered by EDAS (a local charity based in Poole) and prescribing is delivered by staff from Avon And Wiltshire Mental Health NHS Partnership Trust (AWP).

What has gone well?

2.2 The process of integrating provision that was previously delivered by three separate charities and a different NHS trust has been successful. Clients have continued to be engaged, with the overall numbers in treatment remaining relatively stable, while staff morale and communication are good.

2.3 Medication dosages for opioid substitution treatment (OST) are more closely aligned to national guidance endorsed by the National Institute for Health and Care Excellence (NICE) and Public Health England (PHE), which recommends that methadone should generally be provided at a daily dose of between 60mls and 120mls to be effective.





What are the challenges?

2.4 REACH has notable issues securing premises in Weymouth, where the majority of clients are resident. Dorset HealthCare are unable to offer space in the Community Hospital, which had been used for several years prior to and during this contract, and a 30 year lease on Belle Vue expired this year, with the property unsuitable for renewal due to access issues and the need for general repairs and improvements.

2.5 Many clients have a range of physical and mental health conditions, and yet struggle to access mainstream healthcare. Work to improve links with community and primary care is required.

2.6 The offer in relation to harm reduction (specifically needle exchange) appears to be insufficient, with reduced use of these services. A review and re-design of these services, particularly in Weymouth, Dorchester and Blandford, is required.

2.7 While clients have been successfully engaged in treatment for issues related to both alcohol and other drugs, data suggest there may be scope to improve progress through treatment towards 'recovery', particularly in relation to the offer of detoxification from alcohol.

Proposal for next steps

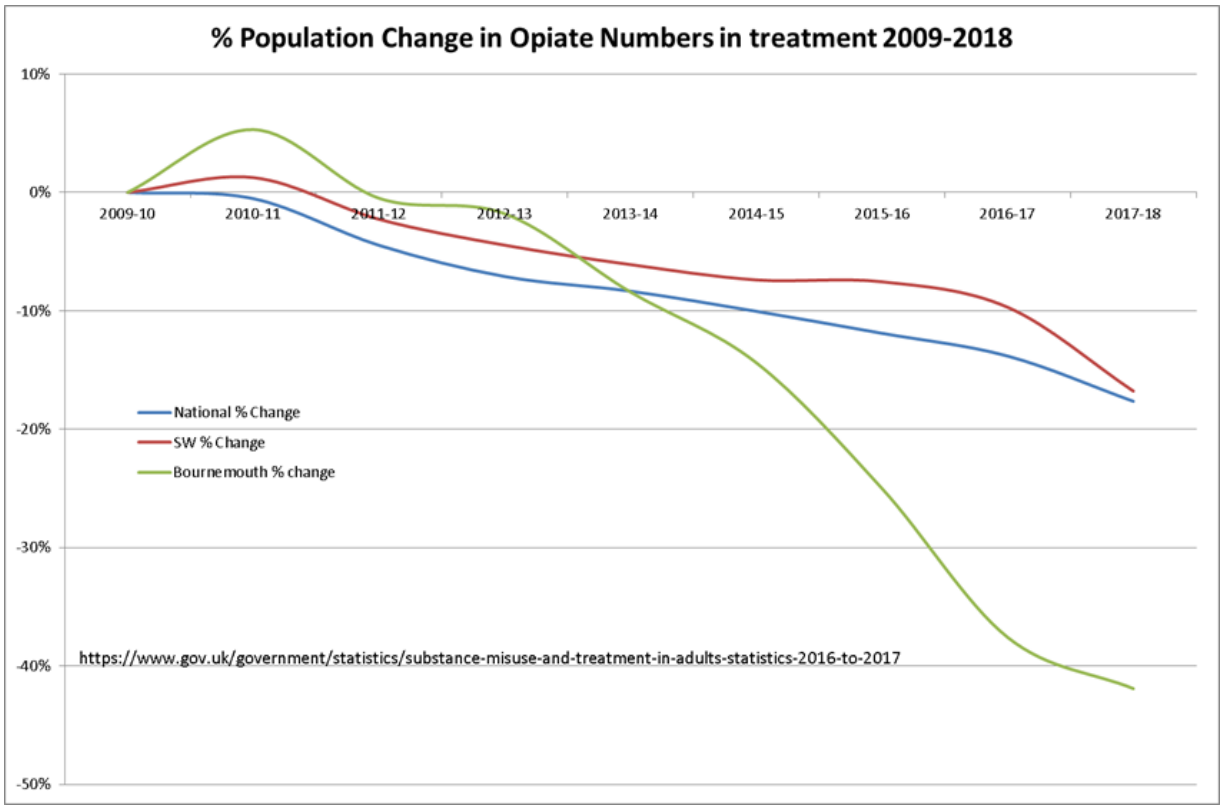
2.8 There are no major concerns with the delivery of the contract, and the view of commissioning staff is that the existing REACH partnership is well-placed to improve the service to address the challenges identified above. Therefore it is proposed that the contract is extended for the full two years available, to the end of October 2022.

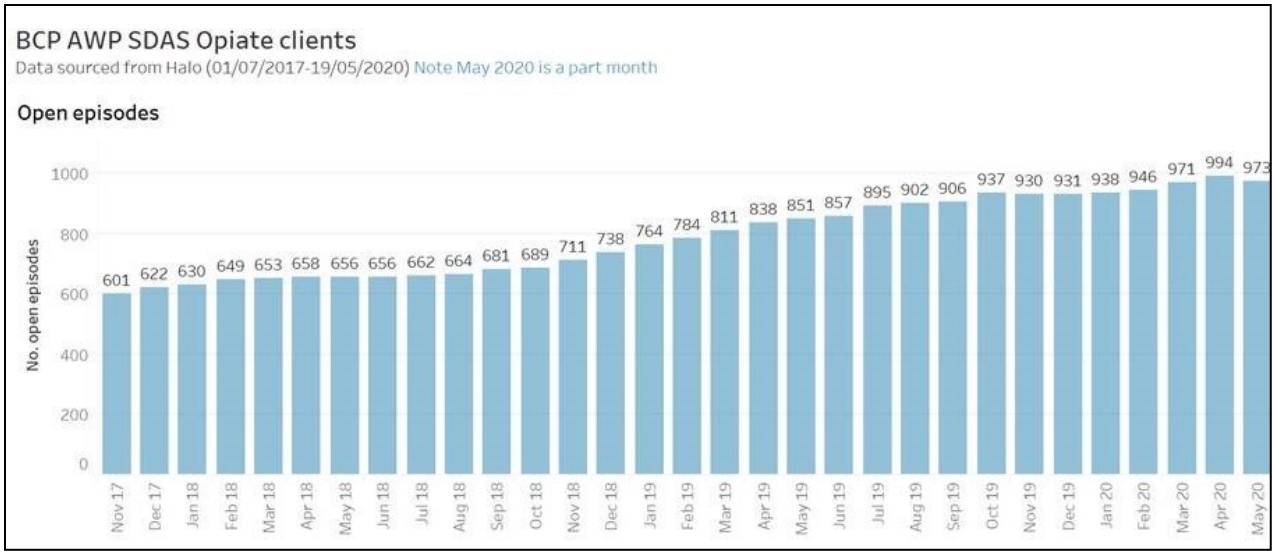
2.9 However, this contract includes the delivery of talking therapies in Christchurch, and as discussed below it would be appropriate to jointly commission all services for the BCP Council area as a priority. The original tender documentation for this contract included indicative amounts for the Christchurch services, and these are outlined clearly in the service specification. Therefore, it is proposed that this element of the service is extended for only one further year, bringing it in line with the proposals for Lots 2 and 3.

3 Lot 2: AWP prescribing service for BCP

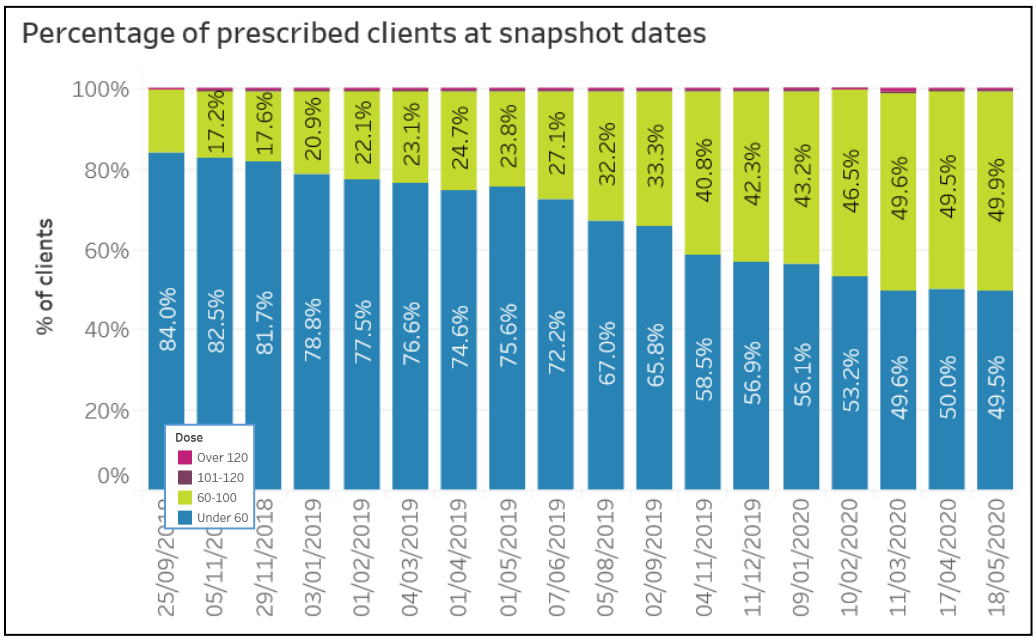
What has gone well?

3.1 When this contract began in November 2017, around 600 people out of approximately 2,000 opioid users locally were engaged in treatment. This represents a 30% engagement rate compared to approximate 60% nationally. Over the course of the contract, 400 more people have accessed treatment, meaning that the engagement rate is now approximately 50% - much closer to national expectations, meaning that far more people are benefitting from support which is known to reduce crime and improve health and social care outcomes.





3.2 Part of the reason the number of people engaging in treatment for opioid use was low in 2017 is that the doses of medication were generally not in line with national guidance. Just 16% of clients were prescribed within the therapeutic range in autumn 2018. This is now at 50%.



What are the challenges?

3.3 The biggest challenge for this service is financial. The rise in the number of clients by over 50% has placed considerable pressure on staff and the budget for medication costs. Despite a staffing restructure and some elements of service design, even prior to COVID-19 the service was reporting challenges with safety, in terms of ensuring that it was able to monitor in relation to prescribing.

3.4 These pressures mean not only that staff have less time to ensure the safety of their clients (and those around them), but also that the clients have less support to be able to make progress on their treatment journey. The proportion of people completing treatment successfully in any given year has therefore understandably declined.

3.5 At the same time, there are differences in how the service is required to operate across Bournemouth, Christchurch and Poole. In Christchurch and Poole, because the psychosocial services were commissioned as part of the same process, there is good integration and a strong intermeshing design where roles and responsibilities are clear, and the service can focus solely on the safety of prescribing. In Bournemouth, the legacy of the We Are With You (WAWY) contract means that AWP is required in practice to provide a higher level of psychosocial input and risk management, as a relatively small proportion of people who use opioids engage with the psychosocial service provided by WAWY.

3.6 Given the rise in the number of clients who use opioids, there has been less focus on people who use alcohol and any prescribing needs (for withdrawal or relapse prevention) that they may have. The number of alcohol detoxifications provided in the community remains very low.

Proposal for next steps

3.7 Rebalancing responsibilities and resources to ensure a safe, effective and equitable service across the Council area is a priority for the treatment system in BCP. This cannot be done within the current contractual arrangements, and therefore re-commissioning is required.

3.8 Based on previous experience, including the 2017 process, as well as comparison with other areas, commissioners recommend that 12 months or longer is allocated for this process, and therefore it is recommended that one year of the available two years of extension is activated, to take the contract to 31 October 2021, with the aspiration that proposals for a system-wide redesign in BCP Council can be taken forward. The option to extend the contract for a further year will remain.

4 Lot 3: EDAS psychosocial treatment for Poole

What has gone well?

4.1 The EDAS service has integrated well with other support organisations locally, notably AWP, and has added value to the core contract through its wider charitable activities, such as an award-winning café located on the same site as its treatment services.[1]

[1] See https://www.rsph.org.uk/our-work/awards/health-wellbeing-awards/health-on-the-high-street-award/2019-winner.html

4.2 The young people's element of the service has linked very well with schools and council services, to ensure responsive, wraparound support for people at risk of developing more serious substance use issues.

4.3 Engagement and performance figures are relatively strong, though the resource issues of AWP mean that access to alcohol detox and progress through opioid treatment could both be improved.

What are the challenges?

4.4 The strength of the EDAS approach is partly made possible by the higher funding per head than comparable services have in Bournemouth (and to a lesser extent Christchurch). Although all services across BCP Council are accessible to any resident, regardless of where they live, there are inevitable access issues due to travel, meaning there is an inequity in provision.

4.5 There is a difference of approach between the young people's services in Bournemouth and Poole, as a result of the divergent priorities and strategies of the previous councils.

Proposal for next steps

4.6 Given the inequity in resource and service provision between different areas in BCP, it is a priority that a consistent approach is developed and implemented for both young people and adults.

4.7 As noted in the previous section, commissioners would advise allowing at least 12 months to prepare for any new service starting, and therefore recommend that one year of the available two years' extension is activated, with the contract then due to expire at the end of October 2021.

4.8 There will then be the opportunity to extend for a further one year. This opportunity must be confirmed by the end of July 2021 at the latest.

Footnote:
Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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Joint Public Health Board

20th July 2020

Approval Request for LiveWell Dorset Digital Services Sourcing/Commissioning

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr L Dedman, Adult Social Care and Health, Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Lauren Bishop / Stuart Burley
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Tel: 07825 034375
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Report Status: Public

Recommendation:

The Joint Public Health Board is asked to:

- Review and approve the sourcing plan outlined in the Background Paper, noting the strategic context, objectives and shortlisting of options.
- Delegate authority to the Director of Public Health, in consultation with the Portfolio Holders, to award any contracts required by the sourcing plan to appropriate providers on the best terms achievable and within the budget.

Reason for Recommendation:

The LiveWell Dorset IT and digital service contracts are due to terminate on 31st March 2021. An options appraisal is underway to consider how services will be sourced and delivered from April 2021. The recommendation will enable Public Health Dorset to implement the preferred sourcing option, providing enough time to source, procure and mobilise new arrangements.

1. Executive Summary

A range of LiveWell Dorset IT and digital service contracts are due to expire on 31st March 2021. These include:

- provision of IT equipment, infrastructure and support
- LiveWell Dorset digital platform
- LiveWell Dorset Customer Relationship Management system.

A comprehensive options appraisal process is underway to select the most appropriate sourcing model for the services in scope, including in-sourcing and commissioning options. A shortlisting process has been completed based on viability, timescales and business needs. Options involving the in-sourcing of the digital platform and CRM aspects have not been shortlisted due to an inability to meet the gateway criteria. As such, a procurement exercise is likely to be required for these services, whilst it remains feasible to consider Dorset Council IT services to provide equipment, infrastructure and support.

The Background Paper describes the options appraisal process in more detail, including an Appendix which highlights the longlist, shortlisting process and shortlisted options. Once a preferred option has been selected based on this process, a more detailed sourcing plan, including precise budget, will be developed. The Board is asked to approve the progression of this preferred option based on the information given in this paper.

2. Financial Implications

Current spend per annum on existing contract elements is as follows:

- ICT equipment, infrastructure and support: £38,171
- Digital platform: £47,500
- Customer Relationship Management system: £12,600

Existing costs of the LiveWell Dorset IT and digital service contracts is funded by the Public Health Dorset Health Improvement programme budget. New services from April 2021 will continue to be funded from this budget line. No additional funding will be required.

3. Climate implications

For any procurement activity, consideration will be given to whether it would be feasible and practicable to include any sustainability and climate-based requirements in the provider specification.

4. Other Implications

None identified.

5. Risk Assessment

There are no political, financial or social risks associated with this proposal. The main risk of the project is failure to implement the new service arrangements in time which could result in disruption of services to the public. Approval to progress and implement the preferred option at this time will mitigates this risk in that it would provide sufficient time to complete the work.

Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk: Low
Residual Risk: Low

6. Equalities Impact Assessment

The sourcing project itself does not have people implications as it relates to continuation of services already being delivered as an enabler of the LiveWell Dorset service, which itself is subject to equality impact assessment. Therefore, an equality impact assessment is not required for this project. Attention will be given to equality and accessibility in the development of specifications for all services in scope.

7. Appendices

The Appendix is included at the end of the background paper.

8. Background Papers

Background Paper: LiveWell Dorset IT & Digital Services Sourcing

1. Background

1.1 LiveWell Dorset (LWD) is an innovative integrated health and wellbeing service delivered by Public Health Dorset (PHD). On bringing the service in-house from April 2018, PHD commissioned a variety of digital services which were not able to be delivered in-house by Dorset Council (DC, PHD's host organisation) at the time.

1.2 These services, which are essential to the running and development of LWD, include:

- IT equipment, infrastructure and support
- A website and digital platform
- A Customer Relationship Management (CRM) system

1.2 All contracts have been extended to 31st March 2021 to offer continuity of service and harmonise the contract end dates. The current task is to develop, select and implement – by 1st April 2021 - the most appropriate sourcing model for the services in scope.

2. Strategic context

2.1 In order to meet its commitment to both BCP Council and Dorset Council to provide best value, high-quality public health services, PHD will consider the full range of options and identify the one that best meets the needs of LWD and therefore the residents we serve.

2.2 In-sourcing to DC is considered, and commissioning will be used to source services not viable or appropriate to be delivered in-house. This viability and appropriateness depends on a range of strategic and operational factors, which are largely captured in the sourcing objectives set out below.

2.3 In relation to Objective F below, future evolution of the service may include an expansion to delivering LiveWell services and/or products beyond Dorset. Thus, there is a potential for income generation and the ability to expand the service in such a way should be allowed for in the delivery of digital services.

3. Objectives

3.1 The sourcing process and, in turn, the chosen option, must meet the following objectives:

A. Deliver a seamless transition from existing arrangements to new ones, which will provide essential continuity of service for both clients and staff.
B. Be completed in a timely manner, such that a) there is sufficient time to complete any required procurement activity and b) an adequate mobilisation period is allowed, which will support Objective 1.
C. Provide high-quality services that that assure and enable service delivery, continuity, development and improvement.
D. Serve the needs of those who could benefit from the support of LiveWell Dorset, thus fulfilling Public Health Dorset's duty to provide appropriate public health services on behalf of both Dorset and BCP Councils.
E. Be achievable within the available budget and offer value for money.
F. Be capable of adapting to the evolution of the LiveWell Dorset service.
G. Be legal, ethical, viable and feasible.

4. Options appraisal

4.1 Longlisting and shortlisting

4.1.1 The long-list of options (see Appendix) identified the range of possible sourcing models for the services in scope, including consideration of:

- Various configurations for dividing the services into different elements
- Options of in-sourcing and out-sourcing for each key element

4.1.2 Shortlisting was completed based pass/fail against the following criteria:

- **Viability:** It must be a viable and sustainable sourcing/commissioning model.
- **Timescales:** It must be possible to implement the chosen option in the relevant timeframe i.e. to be fully mobilised and live by 1st April 2021.
- **Business needs:** It must fulfil Public Health Dorset's duty to deliver value for money services that best meet the needs of the population on behalf of both Councils.

4.1.3 DC's ICT Operations and Digital Strategy & Design teams were consulted to gain an initial understanding of the in-house capabilities ahead of shortlisting. Based on these conversations, it was not possible to shortlist any options that would involve in-sourcing the digital platform and CRM, due to DC's own procurement process for a digital platform being unable to guarantee that a) the

platform would meet operational needs and b) that mobilisation to such a platform would be possible within the required timescales.

4.1.4 Other options were disregarded because they were simply not viable commissioning options.

4.1.5 In-sourcing of IT infrastructure remains a preferred possibility in the shortlist.

4.1.6 The full list of shortlisted options can be seen in the Appendix.

4.2 Full appraisal

4.2.1 A SWOT analysis will be completed for each shortlisted option in order to support the appraisal process. This will be supported by various stakeholder engagement activities:

- A soft market engagement exercise will be conducted to better understand the market conditions, appetite for and feasibility of the different procurement models.
- Further engagement with the DC ICT Operations team will be used to better understand how in-sourcing could meet the specific requirements.

4.2.2 Based on this SWOT analysis, the shortlisted options will be scored independently by a team of four appraisers on criteria that are driven by the sourcing objectives set out above and the specific requirements of the services. The team will moderate responses to identify a preferred option. This option will be worked up into a more detailed sourcing plan once the necessary approvals have been obtained.

5 Proposed next steps

5.1 Given that it was not possible to shortlist any options that involve the in-sourcing of the digital platform and CRM, a procurement exercise for these aspects is expected. It remains to be seen whether the IT infrastructure will be in-sourced or commissioned.

5.2 The precise budget and procurement model will be defined based on the chosen option, further market engagement and other strategic factors. The current annual spend can be used as an approximate indication of the expected annual budget.

5.3 Approval will be sought on the preferred option by the LWD Senior Leadership Team on 3rd September 2020 and by the PHD Senior Management Team shortly thereafter.

5.4 Approval is sought from the Board to progress with the preferred option, including any procurement activity this may require, once the above approvals have been made. The Board is asked to note the process outlined in this paper, the shortlisting decisions already made and the indicative budget implications and to give delegated authority to the PHD Senior Management Team to approve the selected procurement route.

5.3 An update on the chosen option will be provided at the November Joint Public Health Board meeting.

Appendix

1. Options longlist:

1. **Do nothing**
2. **Status quo**
   - This option would involve recommissioning under the current model; i.e.:
   a. Single, lead-provider procurement for all IT infrastructure and support
   b. Single, lead-provider procurement for web and CRM support & development
3. **In-source everything**
   - This option would involve in-sourcing all services to DC
4. **Commission everything to a single / lead provider**
5. **Procure each element under different lots**
   - This would involve a single procurement process which could result in multiple suppliers providing different services
   - Splitting out of lots could be done in various ways
6. **Procure each element separately**
   - This would involve running a number of separate procurement processes for different services/elements
   - Splitting out of services could be done in various ways
7. **Commission IT infrastructure & support; in-source DP/CRM**
8. **In-source IT infrastructure & support; commission DP/CRM**
9. **Another combination of in-sourcing and commissioning**

   A range of sub-options falls under this umbrella, including:
   a. In-source bulk of services with specific items unable to be delivered by DC to be procured
   b. In-source all operational requirements (inc. infra/support, DP/CRM hosting & management); commission development work
   c. In-source infra/support; commission DP/CRM; split out specific elements to be procured separately depending on need

- For Options 7-9, the procurement activity could be delivered via a number of different models, including:
   a. **Single / lead provider**
   b. **Framework / DPS**
   c. **Lots**

2. Shortlisting matrix:

	Option	Gateway Criteria: Pass / Fail			Comment on Outcome	Shortlisted?
		1: Viability	*2: Timescales*	*3: Business Needs*		
1	Do nothing	Fail	N/A	Fail	Disregarded as contracts are coming to an end with no option to extend.	No
2	Status quo	Pass	Pass	Pass	This is a viable option should insourcing of some services not be possible / appropriate.	Yes
2	In-source everything	Pass	Fail	Fail	DC unable to guarantee mobilisation of DP in timescales; DP not yet procured to know whether it meets needs.	No
4	Commission everything to a single / lead provider	Pass	Pass	Pass	Not a sound commissioning model; single provider unlikely to meet all meet business needs.	Yes
5	Procure different elements under different lots	Pass	Pass	Pass	This is a viable option should insourcing not be possible / appropriate.	Yes
6	Procure every element separately	Fail	Fail	Pass	Not a viable or appropiate procurement model.	No
7	Commission IT infra & support; in-source DP/CRM	Pass	Fail	Fail	DC unable to guarantee mobilisation in timescales; DP not yet procured to know whether it meets needs.	No
8	In-source IT infra & support; commission DP/CRM	Pass	Pass	Pass	Initial conversations suggest insourcing of infra etc viable in required timescales.	Yes
9	Another combination of in-sourcing and commissioning	Pass	Pass	Pass	Some iteration of this could be a viable option to meet business needs depending on what is possible to in-source.	Yes
7-9 A	*Single / lead provider*	Pass	Pass	Pass	A lead provider model for those parts of the services that require procurement may be appropriate.	Yes
7-9 B	*Framework / DPS*	Fail	Fail	N/A	This is not a viable commissioning model for the value and nature of the services to be procured.	No
7-9 C	*Lots*	Pass	Pass	Pass	A lot-based procurement could be appropriate to meet business needs and is viable.	Yes

3. Shortlisted options:

1. Status quo: 3 x lead-provider procurements (1 for infra, one for DP, 1 for CRM)
2. Commission everything to a single / lead provider
    a. Single provider
    b. Lead provider
3. Procure different elements under lots in single procurement:
    a. Sub-options to be developed
    b. 'Elements' could include: Web development, CRM, User testing
4. In-source IT infra & support; commission DP/CRM
    a. Lot-based model
    b. Single/lead provider model
5. Another combination of in-sourcing and commissioning; e.g.:
    a. Separate commissioning of user testing element
    b. Separate commissioning of videoconferencing software for training delivery

Footnote:
Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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