

Recommendation from Joint Public Health Board – 19 November 2018

Community Health Improvement Services Procurement

53 The Board understood that contracts for a range of Community Health Improvement Services (CHIS) were due to expire at the end of March 2019. Given this, a series of options had been considered to determine which procurement model would best suit the needs of the CHIS in order to maximise efficiency and effectiveness of the services, with agreement of the Board being sought to progress arrangements on that basis.

The Board were informed of the background and rationale for what was being done; what options there were; the Framework Model and how this had been devised; risk and mitigation plans; budgets and timelines and what the preferred procurement option was. The Board were also being asked to agree to procure and award following successful completion of tender.

The Board acknowledged that the preferred option - Option 4: Any Qualified Provider (AQP) under an agreed framework - meant that any provider could deliver the service - provided they met specific criteria - and would be paid according to activity. This model would offer a high level of efficiency, as it was a simple process, developed as a single framework with all six lots being included, being open to any qualified provider, and placed the power in the hands of the end user to access services where they chose.

The Board recognised the need for flexibility in the delivery of these services and the choice this would give service users provided for equity, efficiency and effectiveness in meeting those needs. It would provide for a pool of assets being made available to ensure that there was the greatest opportunity for take up as necessary.

The benefits of Option 4 were readily understandable to members and, given this, they were minded to support this means of procurement, as being both sustainable and reasonable. However the new arrangements would not necessarily provide such scope for accountability as those currently did. Nevertheless, there was an expectation that there would be a good prospect of collective responsibility by potential service providers in seeing that what was being done would be for the good of their communities.

The Board were keen to see that, if at all practicable, an assessment could be made of how successful interventions and activities were in meeting the needs of individuals and in delivering what was hoped for from the Public Health agenda. Officers were satisfied that there were means by which this could be successfully demonstrated and work was progressing to ensure this could be the case.

Whilst there was no national register for the purposes of recording who had been offered interventions, what the take up rates were nor what the outcomes from this were, there appeared to be some scope for outcomes from interventions to be recorded on the Dorset Care record given that GP surgeries had that information available to them but there was a need for this to be securely and rationally managed. The Board considered that the procurement exercise had taken into consideration all that it could and that, overall, Option 4 would provide all that was necessary in ensuring community health improvements continued to be made and that successful outcomes could be demonstrated by this means.

Resolved

1. That the preferred option - Option 4 - for procurement and award of the Framework Agreement for the provision of Community Health Improvement Services be agreed.

2. That delegated authority to the Acting Director of Public Health Dorset in consultation with the Joint Public Health Chairmen and Portfolio holders to award to appropriate providers be approved.

3. That the Framework included NHS Health Checks as per the recommendation of the September 2018 Board meeting be noted.

4. That the procurement and award through Open Tender for provision of weight management support within the community be approved.

5. That the risk and mitigating plans from cost and volume contracts be noted.

6. That the two Unitary Council's Shadow Executive Committee's be asked to affirm the above 5 decisions.

Reason for Decisions

To enable service continuation and transformation through procurement.