# Joint Public Health Board
# 12 October 2023
# Community Health Improvement Services (CHIS) Procurement

## For Decision

**Portfolio Holder:** Cllr Jane Somper, Adult Social Care, Health and Housing, Dorset Council

Cllr David Brown, Health and Wellbeing, Bournemouth Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health


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**Report Status:** Public

**Brief Summary:**


Contracts for six community health improvement services (CHIS) are due to expire at the end of March 2024. This paper outlines the proposed changes and presents options and recommendations for procurement that seeks to maximise efficiency and effectiveness of the CHIS services.


The paper covers:

- Introduction and background
- Options appraisal for the procurement Framework
- Summary of changes to CHIS services
- Risks, challenges, and next steps

**Recommendation**:

A recommendation to award following successful completion of procurement with delegated authority given to the Director of Public Health, in consultation with the portfolio holders.

The Joint Public Health Board is asked to:

- Approve the recommended procurement approach - using an any qualified provider framework
- Consider and agree changes outlined for the CHIS services including price uplifts
- Approve the proposed timeline for CHIS procurement
- Note risks and any mitigating actions
- Approve delegated authority to the Director of Public Health in consultation with portfolio holders to proceed with final recommendation to award, following successful completion.

**Reason for Recommendation**:

To enable services to be reprocured competitively in line with legal requirements, enabling the continued delivery of public health community services. The recommendations on changes to prices are to attract providers to the market, recognising that there has not been any price inflation for some time.

## 1 Introduction

1.1 Public Health Dorset (PHD) commissions Community Health Improvement Services (CHIS) for our Dorset and BCP Council populations. They are organised for procurement into six 'lots' of services to support behaviour change, prevent, and reduce risk or harm. Some are mandated services e.g. health checks, and some are priority interventions to reduce premature deaths e.g. smoking cessation (see Appendix one for lot descriptions).

The CHIS lots PHD commission are:

- NHS Health Checks (NHS HC)
- Emergency Hormonal Contraception (EHC)
- Long-Acting Reversible Contraception (LARC)
- Needle exchange
- Supervised consumption of methadone and buprenorphine
- Smoking Cessation Services

1.2 At the last procurement for CHIS, which was in 2017/18, PHD worked with Procurement and Legal colleagues to develop a suitable dynamic purchasing framework to procure CHIS services. This moved away from a competitive open tender approach and enabled any qualified provider (AQP) the opportunity to join the framework if they met the criteria. Following successful application and a simple contract agreement process, providers could deliver services with a degree of flexibility.

1.3 The current AQP framework period ends in March 2024, and PHD need to reprocure under the Public Contract Regulations 2015. This is an opportunity for PHD to understand the current position with all the CHIS services, consider more

effective future provision, which will further improve access and ensure continued support for vulnerable people.

1.4 The opportunity to review and improve CHIS services is important to re-engage providers post COVID-19 pandemic. The local market is largely pharmacy and primary care services. Increasing demand, staffing and capacity challenges, with ever increasing costs to deliver every day services has impacted on CHIS service delivery with these providers and needs a review.

1.5 This is a challenge because community pharmacy and primary care providers are important providers in both our conurbation and rural areas in Dorset, if we are to maintain good access to services.

## 2. Options Appraisal: procurement approach

2.1 There are four possible options outlined in the options appraisal:

1. No change to current AQP framework
2. A single provider
3. Locality based lots
4. Any Qualified Provider under a revised framework

### 2.2 No change

No radical change in evidence-based delivery or mandated guidance for services is required, but reviews on simplifying any complicated processes or payment systems and price structures are strongly recommended to assess, improve, and update existing lots in line with more recent price figures and processes. In addition, current activity figures for all lots in 2022/23 are lower than pre COVID figures during 2018/19. Positives from this approach are that it reduces the amount of work to be done. However, there is a legal risk with no change under procurement regulations when these contracts expire in March 2024.

### 2.3 A single provider

To award a contract to a single provider for all lots could provide ease of management and efficiency in scale. However, identifying a credible single provider, able to deliver a range of services to different populations with different needs would be unlikely in the current market. In addition, implementation would be highly complex and risk increasing variations in quality, geographical coverage, consistent delivery. This in turn would increase the risk of less effective and inequitable delivery.

### 2.4 Locality based lots

This can be described as a different provider in each locality with tailored specifications for each lot. This could lead to equity and quality issues, complexities with different provision in each locality, designed in different ways. The local market are largely independent contractors, which further complicates

a shared locality model, and increases fragmentation. The procurement and contract management of many locality lots would be highly complex.

2.5 **Any Qualified Provider (AQP) under an agreed framework**

This model enables any qualified provider that meets the criteria, the opportunity to deliver the relevant service, with payments generated on activity delivered for each lot. This model is simple, and efficient, developed as a single framework for PHD with all 6 lots included. Service users can access services where they choose ensuring access and choice. The specification for each service would ensure a consistent, quality and equitable delivery, which is easily accessible.

2.6 **Preferred option**

The options review showed that while some procurement options are efficient, they don't show clear enough ratings for effectiveness and equity. Option 4 (AQP with agreed framework) remains the most effective solution to meet the needs of the CHIS service and the commissioning principles (efficiency, effectiveness and equity in service delivery). The benefit of this framework is that it is permissible under a light touch regime, which applies to health services when markets are known. It is flexible, with a fixed price and allows for new entrants to join at any time. The framework is non-competitive, fair, and supportive, which will engage providers during this challenging time.

2.7 **Procurement Route and contract term**

The recommendation is to develop a digital Dynamic Purchasing System under the light touch regime using terms and conditions under this system, where any qualified provider (AQP) can apply. The proposed contract term is 5 years with an option to extend for 3 plus 2 years. There is flexibility to change lot specifications in line with national/legislative change where required. The procurement will run from October to April 2024 and a summary timeline is outlined (in Appendix two).

## 3. Recommended changes to CHIS LOTS for 2023/24

3.1 The consultation process started earlier this year with surveys out to providers to gauge interest in CHIS services, and outline any challenges, or improvements. In addition, consultation with the Local Medical Committee (LMC) and Community Pharmacy Dorset (CPD) have been regular, to openly discuss and agree CHIS specifications, models of engagement, processes, and pricing. Internally the CHIS portfolio lead has presented at senior management team several times to work through the different lots with specification changes that need to be made and the most appropriate form of procurement for such services. (A summary of the changes to services and impact are outlined in Appendix three).

3.2 The NHS Health Checks programme was remodelled earlier in the year with changes to invitation pricing and an incentive payment for targeting. These changes will be incorporated into the new specification in this procurement. Where checks are not being delivered due to lack of providers, LiveWell Dorset are offering targeted checks, as agreed by JPHB previously. This is out of scope for this procurement.

3.3 Emergency Hormone Contraception has no changes to a clinical evidence-based delivery model, the main change is to bring service pricing in line with other Local Authorities in the Southwest.

3.4 Long Acting Reversable Contraception has no change in service delivery, the aim is to increase coverage by engaging GPs in areas of low delivery by simplifying the reporting and payment process and bringing prices up to Southwest averages.

3.5 Needle and Syringe Exchange Programme is a pharmacy driven service with similar engagement work to ensure equitable pharmacy delivery, especially in rural areas. Some small changes have been made to interaction prices following a cost review.

3.6 Supervised consumption: no changes to the delivery model, there has been a small increase in supervision price following review to maintain equitable service delivery for a vulnerable population group.

3.7 Smoking Cessation is a mixed model delivery with GPs, pharmacy and LiveWell Dorset; there is no change to the delivery model, payments have been altered to cover pharmacy consultation time mid-way through the quit process.

## 4. Risks and Challenges

4.1 Currently all CHIS services are delivered within budget and the changes will remain within total budget if activity does not significantly increase. This is a potential risk, and will be monitored closely. The challenge is to ensure PHD successfully engages providers to maintain equitable provision and vital public health services in local communities that need them most. Support from CPD and LMC as part of our procurement to engage local services will significantly help PHD to achieve this.

## 5. Next steps for Communication and Engagement

5.1 PHD will begin further communication about the procurement later this month and will develop clear plans with providers and a range of stakeholders to ensure the process and application is clear and transparent.

## 6. Financial Implications

6.1 Using an AQP framework means that Public Health Dorset can set prices for each lot. As part of the work to date, price changes are being proposed for some of the lots. These will bring prices in line with other local authorities and encourage delivery.

6.2 Each lot already has an existing budget. Based on 22/23 activity levels these new prices would still be within budget. There is a £66k potential cost pressure if activity returned to 18/19 levels in all six lots – unlikely in the current climate of fewer providers. If activity changed in some lots but not all we could reprofile budgets within the overall CHIS budget envelope. Any risk from potential cost pressure is greatest for Emergency Hormonal Contraception and Long-Acting Reversible Contraception lots.

## 7. Wellbeing and health implications

7.1 Improving delivery approaches, access and choice will improve health and wellbeing for those with greatest need

## 8. Environmental implications

8.1 None identified

## 9. Other Implications

9.1 None identified in this paper.

## 10. Risk Assessment

10.1 Having considered the risks associated with CHIS re-procurement the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

## 11. Equalities Impact Assessment

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance

## 12. Appendices

Appendix One : CHIS LOT brief description
Appendix Two: Procurement timeline
Appendix Three: CHIS changes and impact summary

## Appendix One: description of CHIS (Community Health Improvement Services) service LOTS

**Lot 1: NHS Health Checks as** a mandated programme, available to eligible residents aged between 40 and 74 years old. NHS Health checks are outlined in government legislation and the assessment includes a range of health factors, such as smoking status, family history of coronary heart disease, body mass index, cholesterol level, blood pressure, physical activity levels, cardiovascular risk score, diabetes check and alcohol consumption risk score. The check takes 20-30 minutes to complete. During feedback of results at the end of the assessment, guidance is provided to seek further support for people either from their GP or LiveWell Dorset.

**Lot 2: Emergency Hormonal Contraception (EHC)** can prevent pregnancy after unprotected sex or if the contraception you have used has failed, EHC can be taken within a 72-hour window and uses chemicals that affect egg release to prevent pregnancy. An assessment is undertaken which takes about 20 minutes to understand patients' needs and appropriate treatment, as well as other consideration such as safeguarding needs for young people or specific needs of breast-feeding women.

**Lot 3: Long-Acting Reversible Contraception (LARC)** refers to contraceptive methods that are longer term, these can be implants or coils, and can provide an important public health intervention for vulnerable young women. LARC is a clinical service based in GP practices and runs alongside LARC fitting in community sexual health services. A pre-consultation is undertaken to assess patient needs prior to fitting.

**Lot 4: Needle syringe programme (NSPs)** supply needles and syringes for people who inject drugs. In addition, they often supply other equipment to support harm minimisation of drug use. The majority of NSP programmes are run by pharmacies and drug services. They may operate from fixed, mobile or outreach sites. The aim of an NSP programme is to reduce harm, the transmission of blood-borne viruses and other infections caused by sharing injecting equipment. They also reduce the risk to the public from discarded needles by providing the opportunity for disposal of used sharps.

**Lot 5: Supervised consumption of methadone and buprenorphine** is a pharmacy lead community service to support individuals who are prescribed medication, often daily, to support a substance use disorder, clinical guidance recommends that the patient is observed while taking what is a potentially toxic medication, which in turn reduce the risks to the individual concerned and the wider community. The pharmacy also links with case workers of sessions are missed by this vulnerable population group.

**Lot 6: Smoking Cessation service** is pharmacy/GP lead alongside LiveWell Dorset and aims to support people to quit smoking. There are treatments available to support people stop smoking, including behaviour change support, Nicotine replacement therapy, and prescribed medication to reduce cravings. The person registers, has two support consultations, which lead to a 4-week quit measure as per national guidance.

**Appendix Two Procurement Timetable (indicative)**

| PROCUREMENT TIMETABLE- Tasks | Start Date | End Date |
|---|---|---|
| ***Develop Comms and Engagement Plan*** | 17/07/2023 | Ongoing to ITT stage |
| ***Procurement Initiation Document (PID) & Sourcing Plan*** | 23/10/2023 | 03/11/2023 |
| Develop Specification documents | | 02/10/23 |
| Stakeholder Engagement | 17/07/2023 | Ongoing to ITT stage |
| Provider Engagement incl.Tech support to get on framework | 17/07/2023 | Ongoing to ITT stage |
| **Joint Public Health Board** | | **12/10/2023** |
| Develop Pricing rates/range | | 23/10/23 |
| Develop DPS Terms and Conditions | 02/10/2023 | 23/10/2023 |
| Develop selection and award evaluation criteria | | by 23/10/23 |
| Develop Procurement Document **(Invitation to Tender)** | 23/10/2023 | 27/10/2023 |
| "E-build" | 30/10/2023 | 03/11/2023 |
| **Publish tender (FTS/Contracts Finder/advert etc)** | **06/11/2023** | **06/12/2023** |
| Clarification period | Ongoing | |
| **Tender return and opening (round 1)** | **06/12/2023** | |
| Pass/Fail Evaluation | 07/12/2023 | 12/12/2023 |
| Develop recommendation to award report | 13/12/2023 | 19/12/2023 |
| ***Recommendation to Award Report*** | **20/12/2023** | **05/01/2024** |
| **Tender Outcome letters to all tenderers** | **08/01/2024** | |
| Implementation of new service | 09/01/2024 | 31/03/2024 |
| New CHIS service start | 1st April 2024 | |

**Appendix Three Community Health Improvement (CHIS) programme Changes**

| Programme ( LOT) | Original Service Outline | Changes made to model/payments | Why are we changing/Impact |
|---|---|---|---|
| **1. Health Checks (HC)** (model and payment changes done so carry over at procurement) | 20–30-minute consultation covering assessments and results/scores for CVD risk.<br>Single payment for delivery<br>Pharmacy /GP delivery model | Blood sugar test being added to assess diabetes risk.<br>2 tier payment structure a) one price for those without risk factors b) higher price for those with 1 or more CVD risk factors<br>Universal (GP/pharmacy) and new targeted service using LiveWell Dorset (LWD) as an outreach community HC service<br>Payment to providers for text invites up front<br>Additional marketing plans to support LWD community delivery | Improving HC assessments and opportunistic identification of high-risk CVD factors (diabetes)<br>Incentivising payments to invite those who would benefit most<br>Addressing inequalities with mixed model targeting HC in higher risk communities |
| **2. Emergency Hormone Contraception (EHC)** | 20-minute consultation<br>Pharmacy based walk in model of delivery | No changes to model of delivery<br>Price change to bring EHC services in line with other Southwest Local Authorities | Tackle geographical inequalities and improving access by maintaining vital public health services in conurbation/rural areas through pharmacy |
| **3. Long Acting Reversable contraception (LARC)** | Clinical service-based contraception delivery (GP delivery model alongside sexual health services delivery) | Increase geographical coverage by engaging with GPs in areas of low delivery<br>Engaging GPs through simplifying reporting/payment processes<br>Adding a choice of devices to the Dorset formulary process | Improving inequality in access and provision<br>Strengthening relationships with GPs to sustain delivery<br>Making services more efficient/effective |
| **4. Needle Syringe Programme (NSP)** | Pharmacy driven service (alongside provision in treatment services and online), complicated payment system, poor distribution system | No changes in scope or delivery model<br>Increase geographical coverage by engaging with pharmacy in areas of low delivery<br>Interaction price increase for allocating of packs/returns<br>Retainer fee to continue and keep engagement to deliver<br>Piloting use of vending machines for distribution | Reducing unmet need within a vulnerable population and improving access/support for those at risk of drug related harm.<br>Maintaining vital public health services in local pharmacies in both conurbation and rural areas |
| **5. Supervised consumption of methadone and buprenorphine (SC)** | Pharmacy led service | No changes in scope or delivery model<br>Increase geographical coverage by engaging with pharmacy in areas of low delivery<br>Retainer fee to continue<br>Small supervision price increases following review | Improving access/support and local monitoring for those at risk of drug related death, Maintaining vital public health services in local pharmacies in both conurbation and rural areas |

| Programme (LOT) | Original Service Outline | Changes made to model/payments | Why are we changing/Impact |
|---|---|---|---|
| **6. Smoking Cessation** | Pharmacy/ GP service alongside LiveWell Dorset, service enrolment, treat, 2 consultations and 4 week quit price | No changes to scope and delivery of model<br>Increase coverage by engaging pharmacy and GPs<br>Increase in cost of two consultations, which is offset by no inflation increases | Mitigating significant reduction in provision<br>Stimulate the provider market<br>Improving community access/support for people, |