



**Your Services...your say
Information Document**

Public Health

Wolverhampton Public Health Community Services

Engagement Paper

12th October—8th November 2015

Section

Introduction and background

1

Public Health Community Services

2

The case for change

3

Why are we engaging

4

Engagement and next steps

5

1. Introduction and background

1.1 This engagement document sets out Wolverhampton's Public Health intentions to commission Community Services under a new Public Health Community Services Model. The model will consist of a Public Health Community Services Framework and separately commissioned Enhanced Sexual Health Services.

1.2 Public Health currently commissions lifestyle services to improve the health and wellbeing of the residents of Wolverhampton (formally known as Primary Care Services) through what were known as Local Enhanced Service agreements.

1.3 These services include community provision of:

- NHS Health Checks
- Supervised Consumption of medicines
- Needle Exchange Service
- Shared Care – Substance Misuse
- Smoking Cessation Support Services
- Nicotine Replacement Therapy
- Primary Care Enhanced Sexual Health Services

1.4 The current services (delivered by GP's and community pharmacies) are all due to expire on the 31st March 2016 with the exception of enhanced sexual health services which expire on 31st May 2016.

1.5 Public Health has a key responsibility to re-commission for these services. All of these contracts are targeted at interventions which aim to reduce inequalities across the local population. They are targeted either towards specific population groups, or designated geographical areas.

1.6 These services directly impact on delivering independence, early intervention and prevention. Particularly in terms of enhancing the capacity of individuals to self-help and preventing lower level need escalating to become eligible for specialist social care.

Section Two: Public Health Community Services

2. The proposals

2.1 It is proposed the contracting routes used to commission these Public Health Community Services from 1st April 2016 will be via Phase 1 of the Public Health Community Services Framework. However enhanced sexual health services will be contracted under a separate tender process under the same timeline.

2.2 Procuring under a Framework has the advantage of removing the need for conducting a full procurement process for individual service contracts. It is essentially an agreement where one or more suppliers are selected to provide a particular set of goods or services following standard terms and conditions.

2.3 Standard terms and conditions will be established and will govern each contract let under the Framework. In addition each service contract will have set criteria specific to the nature of the service being delivered.

2.4 The tender process will be an open process under OJEU. Potential providers will be invited to register to provide services (under lots) through a minimum of a two part process:
Part One; Legal and Business assurances
Part Two; Service specific competence requirements
Part Three; Additional competition criteria will apply to Needle Exchange.

2.5 Evaluation will be based on providers successfully completing the registration process at part 1 and part 2. For most services (see part 3 exception below) all providers that meet the criteria specified in part 1 and part 2 will be selected. Providers may reapply if an initial registration fails and they subsequently demonstrate how they will meet the required standards.

2.6 The Framework process will open for phase 1 (annual registration) and phase 2 (year 2 annual registration) throughout the period of the agreement (two year term).

2.7 Needle exchange services will also be contracted under the Framework however a competitive process (part 3) will be used to ensure targeted provision with clearer measures of control.

2.8 The contract evaluation will be based on scoring criteria based on;

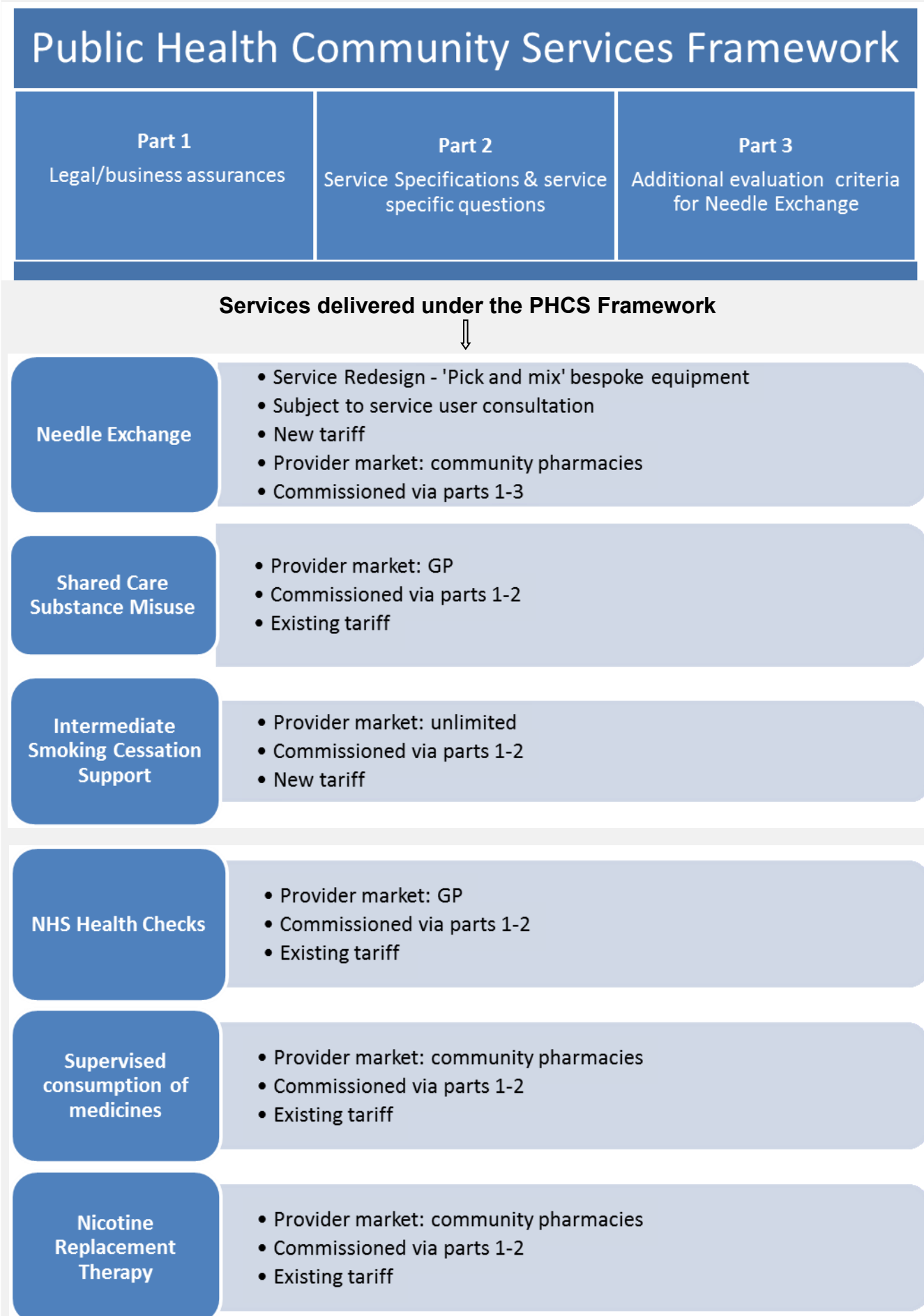
- A specified plan to promote the service offer
- Identification and engagement of problematic drug users
- Needle and injecting paraphernalia distribution and return rates
- Dedicated IT and HR capacity to monitor and manage the scheme

2.9 This will be an open process under OJEU and will be advertised as an opportunity to provide a targeted pick and mix needle exchange scheme in hot spot locations across the City with measures to manage and restrict needle litter.

2.10 Primary Care enhanced sexual health services will be issued as a separate tender at the same time as the services detailed above. However, a prime provider is required to work closely with GP's and Practice Nurses to deliver a consistent, and high quality sexual health offer within GP practices. The approach needs to be coordinated, flexible, and innovative and work very closely with the integrated sexual health service which was tendered in August 2015. See page 6 for further information regarding the sexual health model for primary care.

Section Two: Public Health Community Services

Figure 1. Public Health Community Services Framework



Section Two: Public Health Community Services

2.12 Specifications for each service are available upon request.

2.13 Revisions to all service specifications include:

- clarifications to service delivery and roles and responsibilities
- accreditation and competency criteria
- clinical governance
- key performance indicators and minimum datasets
- minimum activity levels to maintain competences
- ethnicity monitoring.

2.14 Key elements of individual services (in addition to points outlined in 2.13):

Needle Exchange:

- Pharmacy provision
- Change in model of service delivery from universal packs to giving out bespoke equipment tailored to individual service users.
- Emphasis will be on returning used equipment safely and increased engagement levels with service users.
- Two models of tariffs being consulted on - payments either per contact or based on volume of equipment given out.
- Service users are being invited to consult via focus groups and drop-in sessions on the proposal to change to a pick and mix bespoke service during 12th October—8th November.
- Proposed introduction of web based monitoring system
- Separate standalone service under new proposals.

Shared Care:

- GP provision
- IT systems capability requirement
- Retain existing tariff

Intermediate smoking cessation:

- Open provider market
- Separate standalone service under new proposals
- New tariffs proposed

NHS Health Checks:

- IT systems capability requirement
- Separate standalone service under new proposals.
- Provider market currently GP only in phase 1 however engagement event will explore opportunities, challenges and issues of widening provider market ready for phase 2.
- Retain existing tariff

Supervised Consumption:

- Pharmacy provision
- Proposed introduction of web based monitoring system
- Separate standalone service under new proposals.
- Retain existing tariff

Nicotine Replacement Therapy:

- Proposed introduction of web based monitoring system
- Retain existing tariff

Section Two: Public Health Community Services

Primary Care Enhanced Sexual Health Services

2.15 With sexually transmitted infections continuing to rise in Wolverhampton and people still wanting to choose their GP to consult with, there remains a need for GPs to deliver these enhanced services because practices are established, GP's provide anonymity, stakeholders want to visit their GP's and there remains an interest to deliver sexual health services from both GP's and Practice Nurses.

2.16 As part of the overall 'sexual health system' primary care is an integral component. Therefore, through a prime provider model working closely with GP's and Practice Nurses to deliver a consistent, coordinated and high quality sexual health offer within GP practices we would like to focus on:

- Establishing a partnership with the sexual health integrated service so that a unified method can be adopted to delivery
- Joint governance and partnership through a written agreement will be required to be developed and established
- Identification of training needs to support GP's and Practice Nurses that deliver sexual health interventions
- Building capacity so that coverage reflects the epidemiology of Wolverhampton
- Promotion of nurse-led provision where appropriate
- Promotion of sexual health and prevention of poor sexual health within primary care

PRIMARY CARE- Enhanced Services

LEVEL 2A GP'S-

STI management and treatment (partner notification), IUD and implant insertion, management and referral of psycho-sexual problems,
Targeted HIV testing, condoms and lubricants

LEVEL 2

Sexual history/risk assessment, IUD/IUS, and implant insertion, management & referral of psycho-sexual problems, targeted HIV testing, STI triple swabbing, condoms and lubricant

3. The case for change

3.1 There are practical reasons for remodelling and procuring current services – Wolverhampton is a changing city, our population has changed and we have better information about treatment, technology and good practice. Therefore we have a duty to ensure services reflect these changes.

3.2 Key focuses of the changes are to improve outcomes for both individuals and the whole population. Variation exists between service providers; some is unwarranted and adversely impacts on outcomes. The Public Health Community Services Framework focuses on reducing inequality and inequity within our population.

3.3 Retaining the status quo is not an option as the Council is bound by a number of regulations, not least its own Constitution and EU Procurement Laws. The principles of these ensure we must be open, fair and transparent in all contracts we authorise. Therefore we will be re-tendering for these services through a competitive process.

3.4 During the last two years each of these services has undergone some form of review to ascertain current service provision, performance and consideration of necessary changes in line with future service delivery.

3.5 The planned changes to service specifications are based on national research, new standards and local need and are intended to deliver:

- Continued focus on enhancing quality of care, service user experience and achievement of intended service outcomes
- Improvements in consistency and quality of services received
- Increasing the uptake of each service and ensuring greater coverage across the city
- Improved data collection and contract monitoring
- Meet local demand.

4. Why are we consulting?

4.1 Engagement forms an integral part of the commissioning process and will help us further plan our approach and service Framework.

4.2 Public Health Wolverhampton is committed to developing its service specifications in an open and transparent way and that specifications developed by us are informed by as wide a range of views as possible. We seek to remain open, engaged and transparent throughout the process for discharging its responsibilities for the commissioning of specific healthy lifestyle services.

4.3 Public Health is committed to promoting equality and reducing health inequalities throughout the population. Engagement provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by Public Health. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

4.4 We would like to hear from providers with an interest in delivering public health community services. Engagement will also enable us to stimulate the provider market to ensure providers have the capacity and capability to deliver against the service specifications.

5. Engagement

5.1 The engagement on the proposed Public Health Community Services will be open for 28 days. The engagement will run from 6th October—8th November 2015. Wolverhampton City Council Public Health department will then collate all the responses received and this will further inform the development of the specifications.

5.2 A engagement event will be held on 5th November where current and prospective providers will be invited to hear about planned changes and take part in themed engagement discussions in relation to the proposals.

5.3 The outcomes of the engagement will be reported at the market place event on 26th November 2015. This event will outline each service for tender and the tender process to be followed.

5.4 All feedback received during engagement will be considered by the Community Services Commissioning Oversight Group. A short report, setting out the engagement feedback, will be distributed to the relevant boards and committee's.

5.5 A final decision about the development of the service specifications will be made by the Community Services Commissioning Oversight Group and communicated at the Marketplace event.

5.6 Timeline

Action	Timescale
Engagement on service specifications	12th October—8th November 2015
Engagement event	5th November 2015
Marketplace event	26th November 2015
Tender opportunity published	1st December 2015
Tender return date	15th January 2016
Review tender submissions	February 2015
Contracts awarded	February 2016
Public Health Community Services commence	1 st April 2016
Sexual Health Community Services commence	1st June 2016

5.7 To book on to the engagement event on 5th November and/or the marketplace event on 26th November please contact (please specify which event(s) you would like to attend) :

Jan Huntbatch

E-mail: janette.huntbatch@wolverhampton.gov.uk

Or telephone: (01902) 556220

Wolverhampton
City Council



Public Health Community Services

Further information

For more information contact:

Michelle Smith

Public Health Commissioning Officer
Wolverhampton City Council
(01902) 550154

Email: E-mail: phcommissioning@wolverhampton.gov.uk