

<b>9 March 2016</b>		<b>ITEM: 19</b> <b>(Decision 01104363)</b>
<b>Cabinet</b>		
<b>Public Health Commissioning and Contracting 2016/2017</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Councillor Barbara Rice, Portfolio Holder for Adults Social Care and Health		
<b>Accountable Head of Service:</b> Ian Wake, Director of Public Health		
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning		
<b>This report is</b> Public		

## **Executive Summary**

As part of the reforms contained within the Health and Social Care Act 2012, responsibility for commissioning certain public health functions is the responsibility of the council. This is currently our third year of commissioning public health services and we wish to continue to enter into the existing contracts as agreed by the cabinet for 2016/17.

From April 2014 we have entered into the standard NHS form of contract with all the providers with a formal commissioning agreement with the relevant CCGs across Essex.

During 2015/16, the Department of Health announced in-year cuts to the grant of 6.2% which are expected to be baselined in 2016/17. Further cuts to the Public Health Grant are anticipated but the allocations are yet to be published. It is expected that there will be further cuts of up to 3.9%, and further additional cuts year on year after this.

This report seeks approval from Cabinet to agree the commissioning and contracting arrangements that will operate from 1 April 2016, within the scope of the savings required to be made.

### **1. Recommendation(s)**

- 1.1 Agree for 2016/17, for those services listed in 2.1, enter into the standard NHS 2016/17 form of contract with the relevant provider, and a formal commissioning agreement with the relevant Clinical Commissioning Group (CCG) as follows:**

- **Thurrock CCG for North East London Foundation Trust (NELFT) services.**
- **Basildon and Brentwood CCG for Basildon and Thurrock University Hospital (BTUH) services.**

**1.2 Agree to contract with GP practices and pharmacists in Thurrock for the delivery of sexual health services.**

**1.3 Agree that the final budget for these agreements is agreed by the Director of Adults, Health and Commissioning in consultation with the Portfolio Holder for Adult Social Care and Health provided that the final budget is contained within the Public Health Grant allocation for 2016/17.**

## **2. Introduction and Background**

**2.1** There are a number of mandatory public health services that local authorities must commission or provide. These include:

- Appropriate access to sexual health services (excluding abortion services which is commissioned by clinical commissioning groups and Sexual Assault Referral Centres, which will be commissioned by the NHS England Midlands and East)
- The National Child Measurement Programme
- NHS Health Check Assessments
- The duty to ensure that there are plans in place to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need (the public health 'core offer')

The more discretionary responsibilities of local authorities will include local activity on:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19)
- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural & lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health

- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Role in dealing with health protection incidents and emergencies
- Promotion of community safety, violence prevention and response
- Local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

- 2.2 Since 1 October 2015, local authorities through the public health team commission children's public health services from pregnancy to age 5. This service falls under the same NHS Contract with the provider in collaboration with the Thurrock CCG.
- 2.3 Local authorities are expected to work alongside Public Health England and our local Clinical Commissioning Group in securing the best possible health outcomes for the local population.
- 2.4 During 2015/16, the Department of Health announced in-year cuts to the grant of 6.2% which are expected to be baselined in 2016/17. Further cuts to the Public Health Grant are anticipated but the allocations are yet to be published. It is expected that there will be further cuts of up to 3.9%, and further additional cuts year on year after this.

### **3. Issues, Options and Analysis of Options**

- 3.1 For 2016/17 we will continue with the arrangements agreed by the cabinet last year to become an associate commissioner alongside the lead CCG by entering into the standard NHS 2016/17 form of contract and also entering into a formal commissioning agreement with the lead CCG. This contract is due to expire on 31<sup>st</sup> March 2017.

This will ensure we have an integrated commissioning approach between ourselves and the CCG where we share a common interest and where there are significant links with services that the CCG is also commissioning.

- 3.2 The public health services commissioned are sexual health services, 5 – 19 (school nursing) service, and smoking and tobacco control services. These services are currently commissioned with North East London Foundation Trust, (NELFT). NELFT are also commissioned to operate a Primary Care Contract (previously known as a Local Enhanced Service) for GPs and pharmacists on smoking cessation, NHS Health Check services and some Sexual Health and Contraceptive Services.
- 3.3 There are also drugs and alcohol services commissioned with Addaction (novated from KCA Visions in 2015) and CRI (Crime Reduction Initiatives). A

range of smaller services are commissioned with South Essex Partnership Trust and Basildon Hospital.

3.4 For 2016/17 we will also continue with the arrangements agreed by the cabinet to commission Public Health Services from GPs and pharmacists these include:-

- Chlamydia – GP Practices
- IUCD, Implants and Injections – GP Practices
- Pharmacy Sexual Health – Chlamydia, EHC and C-Card

3.5 This year following consultation with stakeholders and local people we have a new model of service for the healthy child programme 5-19 years (School Nursing) from 1 September 2015.

3.6 Following a tender process during 2014/15 NHS Health Checks was commissioned under a one year contract with an optional one year extension. The one year period is due to come to an end on 31<sup>st</sup> May 2016 and we will be considering an extension to the end of March 2017, Public Health Grant permitting.

3.7 The Public Health Grant allocation for 2016/17 is expected to see a significant reduction, with the 6.2% in-year cut in 2015/16 being baselined and an expected additional cut of up to 3.9%. As a result, the Public Health Team will continue to seek value for money and efficiencies from contracts and decommissioning of services may need to be considered.

3.8 There are risks as a result of the significant cuts to the Public Health Grant, including:

- Efficiencies and significant reductions to frontline service delivery in the following areas: NHS Health Checks (Mandated), Tobacco Control and stop smoking services, 0-5 Healthy Child Programme (Health Visiting) Services (mandated), 5-19 Health Child Programme (School Nursing), Drug and Alcohol Services, Community Initiatives and Weight Management Services, Sexual Health Services (mandated).
- There is a financial risk that in 2016/17 the financial settlement for the Public Health Grant may not cover the value of the existing contracts.
- Efficiencies and reductions may need to be made to internal occupational health services and wider adult's services and prevention programmes.

#### **4. Reasons for Recommendation**

4.1 The recommendation to continue to use the standard NHS 2016/17 contract and the formal commissioning agreements with the relevant CCGs secures the twin objectives of strengthening our commissioning links with our CCG partners but also gives the local authority maximum flexibility. The agreement will continue for a further year and will be reviewed for 2017/18 when the

contract is due to end. Service modelling and public health procurement plans are being developed in preparation and to make further required savings into 2017/18.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 We have had extensive consultations with our CCG colleagues and officers from provider Trusts.
- 5.2 The Public Health Grant allocation, savings, and service impact, along with commissioning and contracting arrangements for 2016/17 will be reported to the Health Overview and Scrutiny Committee and Health and Well-being Board.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 This decision ensures the continuation of services which support the Council's priority of improving health and well-being and will ensure that the local community continue to receive public health and health improvement services.
- 6.2 This supports Strategic Priority 4 of the Thurrock Community Strategy to Improve health and well-being:
  - Ensure people stay healthier longer, adding years to life and life to years
  - Reduce inequalities in health and well-being
  - Empower communities to take responsibility for their own health and well-being
- 6.3 The services are a major contributor to the five Health and Well-being goals for Thurrock:
  - Have better educated children and residents who can access employment opportunities;
  - Build and develop places and neighbourhoods that keep people well and independent;
  - Strengthen mental health and emotional wellbeing;
  - Join up health and social care so that it delivers person centred solutions at the right place and right time; and
  - Reduce avoidable ill-health and death.
- 6.4 The services contribute to the performance of the Council against the Public Health Outcomes framework for England 2013-2016 (DOH, 2012).
- 6.5 The procurement exercises outlined meet the Council's Procurement Strategy (2010-2014) to look to the market to deliver best practice and value services.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager – Children and Adults**

The funding for the integration of Public Health Services is provided via a ring fenced grant to the Local Authority. This is to be used in order to meet the statutory requirements relating to the services which will be under the remit of Thurrock Council.

There is a financial implication that in 2016/17 the financial settlement for the Public Health Grant may not cover the value of the existing contracts.

### **7.2 Legal**

Implications verified by: **Paul O'Reilly**  
**Projects Lawyer, Law and Governance**

Public Health services transferred to Local authorities from 1<sup>st</sup> April 2013 pursuant to the Health and Social Care Act. The Council through the Cabinet has the authority to waive its existing standing orders and normal procurement routes and allow the use of NHS standard form of contract in contracting arrangements for Public Health Services. It also has the powers to delegate contracting arrangements for commissioning of Public Health Services to the Director of Adults, Health and Commissioning in consultation with the Portfolio Holder for Adult Social Care and Health.

*The services described within this report relates to the Public Health function of the Council and are classified under the "Light Touch Regime" as set out in the Public Contracts Regulations 2015, at Regulation 74 and Schedule 3, and additionally under the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013. . The EU principles and requirements regarding transparency, equal treatment, non-discrimination and proportionality apply and should be complied with by the Council. Cabinet or the officer with delegated authority may waive the requirements for full tendering under its Constitution. The Council will need to ensure that it complies with the Best Value Duty contained in section 3 of the Local Government Act 1999.*

The Council has a statutory obligation to make arrangement for the continued provision of Public Health Services in Thurrock pursuant to the Health and Social Care Act 2012.

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**  
**Community Development Officer**

Some of the most significant improvements in health and life expectancy came about because of initiatives led by local government, particularly in the field of public health.

The Joint Strategic Needs Assessment and the Health and Well-being Strategy highlight some of the significant health challenges facing Thurrock where there are wide variations in life expectancy and the quality of health outcomes. The PHG should be used to minimise these variations, challenge some of the inequalities in health outcomes that exist and work with Thurrock's communities to improve health outcomes.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

- None.

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None.

### 9. **Appendices to the report**

- None.

### **Report Author:**

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