

**25 July 2017****Agenda Item:**

## **REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH**

### **HEALTH SCRUTINY ON PUBLIC HEALTH COMMISSIONED SERVICES**

#### **Purpose of the Report**

1. To inform the committee of the arrangements for Public Health commissioned services so that the committee can advise Public Health regarding what the ongoing relationship between Health Scrutiny and Public Health should be.

#### **Information and Advice**

##### **Background**

2. Local authorities' statutory responsibilities for Public Health (PH) are set out in the *Health and Social Care Act 2012* and came into effect in April 2013. From this date local authorities have had a duty to improve the health of local population. Local authorities also inherited responsibility for a range of public health services previously funded and commissioned by the NHS. Broadly speaking the responsibilities of the PH team fall into 2 categories:
  - Commission Public Health services which are FREE at the point of use.
  - Provide professional advice to influence policy and practice both within NCC and other organisations across Nottinghamshire in order to secure health gain for the local population.
3. To cover the costs of these responsibilities each top tier LA receives a ring fenced PH grant with nationally set conditions relating to how that money is spent, in 2017/18 this is circa £42m. The grant is used to fund the PH team employed by NCC who support both of the categories above, with the majority of the grant spent on commissioned PH services.
  - A. *Prescribed functions/Services – set nationally*
    - Sexual Health Services – Contraception, STI testing and treatment
    - NHS Health Check
    - LA role in health protection - This is a combination of PH professional advice from the NCC based team and a small commissioned service
    - National Childhood Measurement Programme (NCMP)
    - Prescribed children 0-5 services
  - B. *Local PH Priorities*, which are based on local needs assessment work and support the Health and Wellbeing Strategy:
    - Tobacco Control (including workplace health)
    - Public Health children's services 0-19 years
    - Obesity Prevention and weight Management

- Substance Misuse (drugs and alcohol)
- Domestic Violence and Abuse
- Oral health
- General Prevention

These services are commissioned by Nottinghamshire County Council and provision is by the local NHS, private providers or not for profit organisations (third sector).

## **Governance**

4. The Adult Social Care and Public Health Committee is responsible for all PH functions with the exception of functions reserved to the Health and Wellbeing Board. This committee receives regular reports to enable them to scrutinise the performance of all PH commissioned services. An example of a recent performance report is referenced in the background papers.
5. The majority of PH commissioned providers are required to be registered with the Care Quality Commission (the scope of CQC practice is set nationally). However, in addition to this and for all PH services (regardless of CQC requirements), there is a locally agreed approach to Quality Assurance. PH applies the definition of quality as set out in the National Quality Boards - shared commitment to quality (NHS 2016) with quality described in terms of
  - Safety
  - Effectiveness
  - Positive experience (caring, responsive and person centred)

And for providers to ensure that services are

- Well led
  - Use resources sustainably
  - Equitable for all
6. Quality Assurance Visits (QAV) form part of the quality assurance process for PH commissioned services and are generally planned in advance with the provider, giving the opportunity for the provider and commissioner to work collaboratively to enhance the quality of care and Service User experience. The notion of undertaking QAVs is well embedded within QA of NHS commissioned services. A proportionate and planned approach to QAVs has been applied, considering for example; the financial value of the contract, the clinical risk posed, client vulnerability, confidence and prior knowledge of the provider. The frequency of visits are set out in the contract. A process of action learning with colleagues undertaking QAV has supported and informed the current QAV system and process to help deliver a flexible, yet consistent and replicable approach to QAVs. The findings and recommendations from these visits informed subsequent improvement plans.
  7. There is also a process in place which oversees the reporting of incidents to PH in NCC that occur within provider services, so that lessons can be learnt and improvements made.

## **Functioning within a bigger System**

8. Whilst Nottinghamshire County Council has specific responsibilities these are discharged in a wider context and one which changed significantly in 2013 as a result of the Health & Social Care Act. The example below illustrates how the commissioning of sexual health

services is distributed between local and national bodies. It serves to illustrate the importance of all commissioners and providers working together in an integrated way in order to secure the best possible outcomes for our population.

9. Local Authorities commission:
  - Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
  - Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies
10. CCGs commission:
  - Most abortion services
  - Sterilisation
  - Vasectomy
  - Non-sexual-health elements of psychosexual health services
  - Gynaecology including any use of contraception for non-contraceptive purposes
  - Delegated from NHS England, contraception provided as an additional service under the GP contract promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
11. NHS England commissions:
  - HIV treatment and care
  - Sexual health elements of prison health services
  - Sexual assault referral centres
  - Cervical screening
  - Specialist fetal medicine services

### **Public Health Commissioning Intentions**

12. Since April 2013 all PH commissioned services have been re procured. That cycle is due to start again possibly in 2018. In preparation for this PH commissioning intentions are currently being drafted for consideration at the Adult Social Care and Public Health Committee in autumn 2017. This approach is informed by a comprehensive needs assessment, a good understanding of the evidence base in terms of what works and increasingly moving towards commissioning for outcomes. All of this is informed by involving service users and public along the way.

### **Reason for Recommendations**

13. To ensure that Health Scrutiny understands the roles and responsibilities of Public health with regard to commissioned services and can advise how Health Scrutiny and Public Health should relate to each other going forward

### **Statutory and Policy Implications**

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk,

service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATIONS**

- 1) Asked to note Public Health's responsibilities regarding commissioned services.
- 2) Health Scrutiny advises Public Health regarding what the ongoing relationship between Health Scrutiny and PH should be.

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### **Constitutional Comments (LM 11/07/2017)**

15. The Health Scrutiny Committee has responsibility for scrutinising health matters in relation to service provision for residents living in the County Councils area and may approve the recommendations in the report.

### **Financial Comments (DG 13/07/2017)**

16. There are no financial implications arising directly from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [ASC & PH Committee Report 10 July](#)

### **Electoral Division(s) and Member(s) Affected**

- 'All'