

9 May 2016**Agenda Item: [8](#)****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH COMMISSIONING 2015/16 AND 2016/17 – UPDATE
REPORT****Purpose of the Report**

1. This report provides an update on Public Health commissioning activity undertaken during 2015/16 and planned during 2016/17, for noting by the Health Scrutiny Committee.

Background

2. In May 2015, reports were considered by both the Health Scrutiny Committee and the Public Health Committee concerning 2015/16 commissioning plans for Public Health services. These reports explained the background to Public Health commissioning, and outlined proposed arrangements for scrutiny.
3. Apart from where there is an express legal duty to consult in legislation or statutory guidance, the general duty to consult is governed by a duty of public authorities to act fairly in the exercise of their functions. The Local Authority Public Health Regulations 2013 require local authorities (through scrutiny) to review and scrutinise matters relating to the planning, provision and operation of the health service (including finances) in the area. As a 'health' function, the Council is responsible for reporting to Health Scrutiny Committee for its Public Health commissioning role.
4. To fulfil this responsibility, it was agreed by Health Scrutiny Committee that:
 - a. An overview paper would be brought to Health Scrutiny Committee early each year outlining the year's re-procurement activity.
 - b. Health Scrutiny will also be included as a consultee for all re-commissioning projects.
 - c. In year, update papers will be presented to Health Scrutiny Committee providing a progress report on procurement projects, and their associated consultations.
 - d. Scrutiny can also request ad hoc reports to be presented on individual projects as required.
5. This report forms both the overview paper for 2016/17 (item a. in the list above) and an update paper on 2015/16 (item c. in the list above) to the Health Scrutiny Committee, in line with these earlier decisions.

Information and Advice

6. Table one shows the **directly commissioned** Public Health Services as of 1 April 2016. The lines in bold are those due to be re-commissioned during 2016/17.

Table 1: Planned commissioning 2016/17

Directly Commissioned Public Health Services	Current Provider	Contract start	Proposed Re-tender Timeline
Children's Public Health services – Integrated Healthy Child Programme and Public Health Nursing Service for 0-19 years	Nottinghamshire Healthcare Trust – County Health Partnerships & Bassetlaw Health Partnerships	Contract extended until March 2017	New services by 1 April 2017
Domestic & Sexual Abuse services	Women's Aid Integrated Services and Nottinghamshire Women's Aid	Contract start October 2015	Contract expires September 2018 with option to extend.
Drugs & Alcohol services	Crime Reduction Initiatives	Contract start October 2014	Contract expires Sept 2018 with option to extend
NHS Health Checks services	NHS General Practice TCR (IT provider)	IT contract extended to March 2017	GP-led contract for 2016-17 in place. IT contract to be recommissioned with start date 1 April 2017
Obesity & Weight Management Services	Everyone Health (part of Sport and Leisure Management Limited)	Contract start April 2015	Contract expires March 2019 with option to extend
Oral Health Promotion services	Nottinghamshire Healthcare NHS Foundation Trust	Contract start April 2016	Contract expires March 2019 with option to extend
Integrated Sexual Health services	Multiple Providers: Lot 1 to Doncaster and Bassetlaw Hospitals Foundation Trust; Lot 2 to Sherwood Forest Hospitals NHS Foundation Trust; Lot 3 to Nottingham University Hospitals NHS Trust.	Contracts start April 2016	Contracts expire March 2021 with option to extend
Smoking & Tobacco Control services	Solutions for Health	Contract starts April 2016	Contract expires March 2020 with option to extend
Social Exclusion	The Friary	Recurrent	
Water Fluoridation	Severn Trent Water	Recurrent	
Community Infection Prevention and Control (CIPC) Service	CCGs via Section 75 agreement	Recurrent plus additional 3 year non recurrent component commenced April 2015	Non recurrent element expires March 2018

7. In 2015/16, all of the commissioning activity proceeded as originally planned, with the exception of the NHS Health Checks IT service. No tenders were received for the IT element

of the service, and so procurement was halted by the Public Health Committee in September 2015. A financial waiver was put in place to enable the existing IT contract to be extended for twelve months, and the mandated GP-led service was commissioned by direct award for 2016/17.

8. As well as the above services directly commissioned by Public Health, a number of other services which contribute to the delivery of Public Health outcomes are commissioned elsewhere in the Council utilising £6.1m of realigned Public Health grant. Some of these services are currently being reviewed for potential future re-commissioning, but none is planned to be re-commissioned before 2017/18. These will be included in the next annual report on commissioning intentions to Health Scrutiny Committee in 2017.

Benefits Realisation

9. Examples of some of the benefits being brought about through the new service contracts are described below:
 - **Providing joined-up services:** The revised service specifications for the new services aim to provide more integrated, accessible services. For instance, the new integrated sexual health service (ISHS) contract brings GUM and CASH provision into integrated service provision, rather than having separate clinics for each.
 - **Providing responsive services:** The revised service specifications make provision for flexibilities in delivery. For example, the new ISHS contract specifies that community clinics are to be relocated in response to changing trends in sexual health, such as new teenage pregnancy hot spots or clusters of sexual transmitted infections.
 - **Ensuring performance and quality:** the new contracts set standards for performance and quality which are monitored and the results reported quarterly to Public Health Committee. The payment structures incentivise good performance. For example, the substance misuse contract provides a payment by results mechanism that ensures that full payment is linked to fully meeting performance targets.
 - **Achieving cost efficiencies:** Commissioned service budget envelopes have been set in accordance with budgetary restrictions. Service specifications have been drawn up to take these into account, seeking to achieve efficiencies through specification design, contract structure, payment mechanisms, and streamlined contract management.

Other Options Considered

10. This report has been brought for information. No other options are required.

Reason for Recommendation

11. The Health Scrutiny Committee agreed to receive in-year updates on commissioning activity on 18 May 2015.

Statutory and Policy Implications

12. 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 only), the public sector equality duty, safeguarding of children and vulnerable adults, 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.

Financial Implications

13. The costs of commissioning Public Health services are met out of the Council's ring-fenced Public Health grant. For some services, there are contributions from external partners, e.g Police and Crime Commissioner with respect to the Domestic Violence and Abuse services.

RECOMMENDATION

- 1) Health Scrutiny Committee is asked to note the update on Public Health services commissioning activity in 2015/16 and the planned commissioning activity in 2016/17.

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Constitutional Comments (CH 01/04/2016)

14. The report is for noting purposes only.

Financial Comments (KAS 06/04/16)

15. The financial implications are contained within paragraph 13 of the 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.

Report to Public Health Committee 12 May 2015, Public Health Procurement Plan 2015/16

Report to Health Scrutiny Committee, 18 May 2015, Arrangement for Scrutiny of Public Health Services

Electoral Division(s) and Member(s) Affected

All

