

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 5th September 2017

Decision Type: Non-Urgent Executive Non-Key

Title: PUBLIC HEALTH COMMISSIONING INTENTIONS 2018/19

Contact Officer: Mimi Morris-Cotterill, Assistant Director (Public Health)
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Chief Officer: Director of Public Health

Ward: Borough-wide

1. Reason for report

1.1 This report summarises, for information, the Public Health commissioning intentions for 2018/19.

1.2 Sexual health services, covering Genitor-Urinary Medicine (GUM), are currently delivered through a pan-London arrangement via an agreement between local authorities. This is supported by an annually agreed Memorandum of Understanding and an Inter-Authority Agreement. Authorisation is sought from Executive to continue these arrangements for 2018/19 with delegated authority for renewal for the following two years.

2. RECOMMENDATIONS

2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:

- i) Note the 2018/19 Public Health commissioning intentions summary in Appendix 1 to Report CS1806; and,
- ii) Note the Council's current participation in the pan-London collaborative commissioning arrangements for Sexual Health Services and approve the continuation of these arrangements for 2018/19; and to delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Care Services for subsequent annual renewal for the following two years.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health commissioned services benefit vulnerable adults and children.
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Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Children and Young People Excellent Council Supporting Independence Healthy Bromley
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Financial

1. Cost of proposal: Estimated Cost: All covered under existing Public Health Grant
 2. Ongoing costs: Recurring Cost
 3. Budget head/performance centre: Director of Public Health
 4. Total current budget for this head: £15.1m (2017/18)
 5. Source of funding: Public Health Grant
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Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
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Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance
 2. Call-in: Applicable: Executive decision
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Procurement

1. Summary of Procurement Implications: See report.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Borough-wide
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

Public Health Commissioning Intentions 2018/19

- 3.1 This report provides a summary, contained in Appendix 1, of the Public Health commissioning intentions for 2018/19. The contracts detailed in Appendix 1 have already, where appropriate, been subject to individual reports to Members for authorisation to proceed with the proposed procurement strategy or award of contract.

Pan-London Arrangements for Sexual Health Services 2018/19

- 3.2 The London Borough of Bromley participates in a pan-London collaborative commissioning arrangement for the provision of integrated sexual health services in Genitor-Urinary Medicine (GUM) setting. The mechanism for this is the annual agreement of a Memorandum of Understanding (MoU) and Inter-Authority Agreement (IAA) between all participating London local authorities.
- 3.3 A budget of £1.6m per annum is allocated to provision of services through this collaborative arrangement.
- 3.4 The collaborative arrangement continues to prove effective for the commissioning of sexual health services for Bromley residents. Savings have been achieved over the past three years with actual spend reducing from £1.64M in 2014/15 to £1.55M in 2016/17.
- 3.5 The London Integrated Sexual Health Tariff has been implemented, currently with one provider trust and further roll outs expected later during 2017/18. A London wide online testing service is expected to go live in quarter three of 2017/18. Both initiatives are expected to generate savings across London; however, the level of savings realised at the local level will be dependent upon the successful implementation of demand management through diversion of asymptomatic patients to online services.
- 3.6 Executive is asked to authorise renewal of the Memorandum of Understanding and Inter-Authority Agreement for 2018/19. Executive is also asked to grant delegated authority to the Director of Public Health, in consultation with the Care Services Portfolio Holder, the Director of Commissioning, the Director of Corporate Services and the Director of Finance, for renewal of the MoU and IAA for the following two years.

4. POLICY IMPLICATIONS

- 4.1. The proposals set out in this report are consistent with current policy.
- 4.2 The Council's Contract Procedure Rules (CPR 5.3) require that "Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements."

5. FINANCIAL IMPLICATIONS

- 5.1 The spend over the last three years on Sexual health services is detailed in the table below. There is budget available within the Public Health budget to continue with this service:-

Sexual Health contracts – acute GUM service

Contract	Service	14/15 Spend £'000	15/16 Spend £'000	16/17 Spend £'000
In-Borough - King's College Hospital	GUM	990	932	871
Other London Providers	GUM	152	138	135
Other acute hospital providers	GUM	497	508	549
Total		1,639	1,578	1,555

- 5.2 The Public Health Grant is a central government grant which is ring-fenced. The Department of Health grant allocation for Bromley was £15,096 k in 2017/18. There have been reductions in the Grant in last three years and it is not certain yet whether there will be further reductions in the Grant in 2018-19.
- 5.3 The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council will need to show that it spends the Grant on Public Health related expenditure. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.
- 5.4 The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
- 5.5 There is also a statement of assurance that needs to be completed and signed off by the Chief Finance Officer and Director for Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the council's statement of accounts and the Council needs to evidence that it spends the Grant on public health activities across the Council.

6. LEGAL IMPLICATIONS

- 6.1 This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.
- 6.2 The need to follow the guidance in paragraph 13 of the Ring Fenced Public Health Grant letter is key:

“13. In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities.”

- 6.3 As is condition 3 of the Grant Conditions:

“the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the 2006 Act”).”

- 6.4. There is independent audit and provision for claw back if the money is not spent appropriately.
- 6.5 Education, care and health services are subject to the application of the “light touch” regime under the Public Contracts Regulations 2015.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Personnel Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	National Child Measurement Programme update, January 2017 (Report CS17101) Commissioning Strategy – Health Visiting and Family Nurse Partnership, July 2016 (Report CS17019) Contract Award 0-4 Health Visiting and Family Nurse Partnership, May 2017 (Report CS1808) Gateway Review-Procurement for a Sexual Health Early Intervention Service, July 2016 (Report CS17018) Gateway review of Substance Misuse Services, May 2015 (Report CS14134) Gateway Review – Adults and Young People Substance Misuse Services, May 2017 (Report CS18005) Appointments to the Framework for Various Public Health Services, February 2014 (Report CS14018) Gateway Review of the Public Health Service Level Agreements with General Practices, September 2017 (Report CS18051)