

Report No.
CS18061

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 5th September 2017

Decision Type: Non-Urgent Non-Executive Non-Key

Title: PUBLIC HEALTH PROGRAMMES PERFORMANCE UPDATE 2016/17

Contact Officer: Mimi Morris-Cotterill, Assistant Director, Public Health
Email: mimi.morriscotterill@bromley.gov.uk

Chief Officer: Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides an update on the performance of Public Health commissioned services in 2016-17.
-

2. RECOMMENDATION

- 2.1 The Care Services PDS Committee is requested to note the activity and performance of Public Health programmes during 2016/17.

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable: All covered under existing Public Health Grant.
 2. Ongoing costs: Recurring Cost: Contract management and financial support for Public Health will be part of 'Business as Usual' and will be covered through a general support recharge to Public Health.
 3. Budget head/performance centre: Director of Public Health
 4. Total current budget for this head: £15.1 million (2017/18)
 5. Source of funding: Department of Health: Public Health Grant.
-

Personnel

1. Number of staff (current and additional): 25 FTE (2015/16) 19 FTE (2016/17)
 2. If from existing staff resources, number of staff hours: See above.
-

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Not Applicable: No Executive decision.
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 This paper reports on the 2016/17 contractual arrangements and provider performance of Public Health programmes which are grouped into three broad areas:

Adult Public Health Services

- NHS Health Checks
- Tier 2 Adult Weight Management
- Stop Smoking
- Healthy Lifestyle - Diabetes Prevention

Children and Young People Public Health Services

- National Childhood Measurement Programme (NCMP)
- Childhood Weight Management
- School Nursing
- Health Visiting
- Family Nurse Partnership

Risky Behaviour Programmes for Young People and Adults

- Sexual Health Services
- Substance Misuse

3.2 Third party organisations are commissioned to deliver the above public health services using a variety of contracting approaches, of which there are four categories:

- Category A: Standard Contracts with third party organisations
- Category B: Bromley CCG Community Block Contract with Bromley Healthcare
- Category C: Sexual Health Clinical Contracts with acute hospital providers
- Category D: Service Level Agreements with General Practitioners

Details of these are set out in Appendix 1.

Category A: Standard contracts

3.3 In 2016/17 there were 25 Category A Standard Contracts. 14 of these contracts were called off from the Council's Public Health Framework. The Framework was put in place in April 2014 with an estimated annual value of £800k. The actual spend in 2016/17 has risen to £319k, from £300k in 2015/16. The rise is due to the extension of a one-off arrangement to support those clients who remain in the system after the cessation of Stop Smoking Service.

3.4 There were 11 contracts outside the framework. Two of these, the Substance Misuse Service contracts (one for Adults and one for Young People), remain the most significant in terms of expenditure in this category. These two contracts will expire on 30 November 2017 and Executive approval was given to extend these contracts for a further year on 24 May 2017 (report CS18005).

3.5 The remaining 9 contracts have been put in place to support key Public Health outcomes.

Category B: Clinical Commissioning Group Community block contract

- 3.6 Bromley Clinical Commissioning Group (CCG) commissions a range of community services for Bromley residents through block contract with Bromley Healthcare (BHC), which includes Public Health Programmes.
- 3.7 These programmes have a total value of £6,301, in 2016/17 and are contractually managed within the block by the CCG through the section 75 agreement with the Council.
- 3.8 Grouped into three programmes of Sexual Health, Adult and Children and Young People, these services are tightly performance monitored directly by Public Health. There is an option to review and pull individual service lines out of the current block contract if performance problems are identified and appropriate notice is given.
- 3.9 The overall BHC community contract expired on 31 March 2017. The Public Health elements of the contract (Community Sexual Health services and Health Visiting service) were extended by 6 months to align them with the CCG procurement process as agreed by the Executive on 10 March 2016 (reports CS16008 and CS16025 respectively).
- 3.10 In addition, Oxleas NHS Foundation Trust was commissioned, through a block contract held by Bromley CCG, to provide a Dual Diagnosis Service to work alongside Substance Misuse Service with a block value of £64,000 per annum. This is a part of the Section 75 agreement with the CCG.

Category C: Sexual Health Clinical Contracts (acute)

- 3.11 Testing and treatment of Sexually Transmitted Infections (STIs) are statutory provision based on open access. This means Bromley residents can go for a check-up at a sexual health clinic anywhere in the country. That clinic invoices LBB based on a nationally agreed tariff. The open access nature of these 'contracts' continues to make this the most difficult of the budgets to manage.
- 3.12 For services in London, the Council continues the London collaborative commissioning approach with other London Boroughs in contract negotiations with London Hospital providers in each of the London sub-regions, to achieve lower unit prices and marginal rates. The negotiated contracts are held by the lead commissioner in each sub-region and in the south east London, this is Lambeth Council.
- 3.13 In addition, the Council is obliged to cover costs from providers who offer GUM services to any attending Bromley resident across the country. Outside London, service provisions are subject to Non-Contractual Arrangement (NCA) payable at rates negotiated by the provider's local authority commissioner in that area.
- 3.14 For 2016/17, the actual spend was £1,555k and despite continued growth in activities, this reflects a saving of £23k when compared to spend in 2015/16 of £1,578k and 2014/15 of £1,639k.

Table 1. Sexual Health contracts – acute GUM service

Contract	Service	14/15 Spend	15/16 Spend	16/17 Spend
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

- 3.15 The increased spend in other acute hospital providers in 2016/17, was due to activities at Lewisham and Greenwich NHS Trust. These activities were previously included in the block contract with their host commissioners and had since been disaggregated and charged to the appropriate commissioners, including Bromley.

Category D: Service Level Agreements with General Practices

- 3.16 In 2016/17 the Council continued with the Service Level Agreements (SLAs) with all 45 borough GP practices to support the delivery of Sexual Health and NHS Health Checks. The total value of the SLAs for 2016/17 was £550,000, with an actual spend of £455,490 compared to the SLA value of £603,000 and spend of £431,275 in 2015/16.

Performance and Risk Management

- 3.17 All public health contracts are recorded in the Council's Contract Register with regular updates as required. Performance management is through quarterly contract reviews with providers supported by performance reports. Where areas for improvement have been identified, appropriate performance measures are put in place with progress monitored until satisfactory performance is being met.
- 3.18 Overall, public health contracts have performed to a satisfactory level and continue to deliver efficiencies in 2016/17. A balanced position of budget against spend has also been achieved.
- 3.19 Details about individual programmes and performance of relevant contracts are set out in the attached Appendices 2 to 4.
- 3.20 In response to the overall Council savings requirement, the Exercise on Referral service was decommissioned when the contract expired on 31 March 2016 and is no longer included in this annual report.
- 3.21 The Stop Smoking Service, Tier 2 Adult Weight Management Services, Childhood Weight Management and School Nursing Service were also terminated when these contracts expired on 31 March 2017. However, performance of these contracts is being presented in this report for the last time.
- 3.22 For services that were decommissioned (except school nursing service), maintaining the health and wellbeing of the local population in these areas continue to be the responsibility of the Council. Given its financial position, the only financially viable option for the Council is to discharge these functions through "Making Every Contact Count" (MECC)¹. This is only possible with the collaboration of Bromley CCG, who has agreed to incorporate MECC in their relevant service specifications, and MECC will be delivered through a range of providers.
- 3.23 Due to concerns associated with the decommissioning of school nursing service, Executive approval was given on 30 November 2016 to procure a Health Support to Schools Service for a period of one year plus an option to extend for a further year. This is a part of the section 75 agreement with the CCG.

¹ Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

4. POLICY IMPLICATIONS

- 4.1 This report is in relation to the business processes established to administer the existing contracted services. Authorisation to commissioning these services remains with Members working within the stipulations and statutory responsibilities set out in the Grant. The work is in accordance with the Health and Social Care Act 2012.

5. MARKET AND PROCUREMENT CONSIDERATIONS

- 5.1 All contracts that were due to expire were given due market considerations with reviews and appropriate amendments, where necessary, of the service specifications. These, in turn, helped to support and inform the appropriate procurement strategy in accordance with the Council's financial regulations and contract procedure rules.
- 5.2 During 2016/17, a number of services within the block contract with Bromley Healthcare were successfully re-procured.

6. FINANCIAL IMPLICATIONS

- 6.1 Public Health commissioners continue to work within the budget allocated for public health services. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.
- 6.2 The Public Health Grant is a central government grant which is ring-fenced. The Department of Health grant allocation for Bromley was £15,478k in 2016/17. However, there will be a reduction in the Grant in 2017/18 to £15,096k. Work has been conducted by the Public Health team on identifying the savings towards these reductions.
- 6.3 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 £15.1m 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.
- 6.4 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.
- 6.5 There is also a statement of assurance that needs to be completed and signed off by the Chief Executive and Director of 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.

7. LEGAL IMPLICATIONS

- 7.1 This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.

7.2 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.”

7.3 As are condition 3 and 9 of the grant:

“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”).

7.4 There is independent audit and provision for claw back if the money is not spent appropriately.

7.5 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, Procurement Implications and Personnel Implications
Background Documents: (Access via Contact Officer)	Gateway Review – Adults and Young People Substance Misuse Services (Report CS18005) Gateway Review of Sexual Health Services (Report CS16008) Gateway Review of Health Visiting and National Childhood Measurement Programme (Report CS16025)