

**Decision Maker:** ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** Wednesday 21<sup>st</sup> November 2018

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

**Title:** PUBLIC HEALTH PROGRAMMES PERFORMANCE UPDATE 2017-18

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**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** Borough-wide

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**1. Reason for report**

- 1.1 This report provides an update on the performance of Public Health commissioned services in 2017/18.
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**2. RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is requested to note the activity and performance of Public Health programmes during 2017/18.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health programmes support vulnerable adults and children to maintain their health and wellbeing.
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## Corporate Policy

1. Policy Status: Existing Policy
  2. BBB Priority: Children and Young People Excellent Council Quality Environment Supporting Independence Healthy Bromley
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## 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: £14.7 million (2018/19)
  5. Source of funding: Department of Health; Public Health Grant.
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## Personnel

1. Number of staff (current and additional): 20.02 FT (2018/19)
  2. If from existing staff resources, number of staff hours: Not Applicable
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## Legal

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

1. Summary of Procurement Implications : Not Applicable
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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**

3.1 This paper reports on the 2017/18 contractual arrangements and provider performance of Public Health programmes which are now consolidated into three broad areas:

#### **Adult Public Health Services**

- NHS Health Checks

#### **Children and Young People Public Health Services**

- Primary School Screening Vision Screening and National Childhood Measurement Programme (NCMP)
- Health Visiting
- Health Support to Schools

#### **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. We continue to use a variety of contracting approaches and there are still four broad categories but many of the contracts expired during 2017/18 with transition from old to new contracts took place in mid-year. It is our aim to simplify the contracting arrangements in future.

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

3.3 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 standard block contract but commissioned by the CCG on behalf of the Council as part of the section 75 agreement funded through the Better Care Fund.

#### **Category A: Standard Contracts**

3.4 In 2017/18 there were 15 Standard Contracts in this category with a mixture of standard block contracts and contracts that were call off from the framework.

3.5 As the existing Substance Misuse block contracts (one for Adults and one for Young People) and the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services (6 contracts were called off from the Public Health framework) were going to expire during 2017, the Executive approved the extension of all these contracts to 30 November 2018 so they are aligned to the timeframe for re-procurement as one contract. These were successfully re-procured in 2018 with the new contract of three years plus the option to extend for another two years, awarded to the incumbent provider, Change, Grow, Live (CGL).

3.6 During 2017/18, the community block contract with BHC came to an end on 30 September 2017. All public health programmes commissioned through this contract have been re-procured during 2017. These include new specifications which were developed for the new

Community Sexual Health Early Intervention Service combining five elements of community services into one contract which was awarded to BHC after a rigorous tendering process. This is now a standard block contract and is not a part of the s75 agreement with the CCG.

- 3.7 Similarly, the new specification for Health Visiting Service incorporated the Family Nurse Partnership to form one service with the contract being awarded to Oxleas NHS Foundation Trust from 1 October 2017 to September 2020.
- 3.8 A three year contract for the new Bromley Primary School Vision Screening and National Childhood Measurement Programme (NCMP) was awarded to BHC from 1 October 2017 to 30 September 2020.
- 3.9 Three contracts have been put in place to support the delivery of NHS Health Checks that cover arrangements for alternative provider, point of care testing and GP practice training.
- 3.10 The remaining one year contract to 31 March 2019 is for software licences that support the online claims & payment solution for managing the Integrated Sexual Health and Substance Misuse Community Pharmacy Schemes. These licences will be surplus to requirement after the 31 March 2019 as the administrations of these schemes are now amalgamated into the main sexual health and substance misuse block contracts.

#### **Category B: Clinical Commissioning Group Community block contract**

- 3.11 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.
- 3.12 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). These services were successfully re-procured with contracts awarded to Bromley Healthcare and Oxleas NHS Foundation Trust (See 3.5 and 3.6 above).
- 3.13 For the first six months of 2017/18, these programmes have a total value of £3,150k (£6,301k full year effect in 2016/17) and are contractually managed within the block by the CCG through the section 75 agreement with the Council.
- 3.14 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.

- 3.15 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)**

- 3.16 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 pre-agreed tariff.

3.17 Due to the open access nature of these ‘contracts’ which makes the management of the budgets most difficult, London commissioners have been collaborating to work on innovative alternative delivery to contain costs. This led to the following developments which were both implemented from 2017/18:

- The introduction of an online self-sampling service that diverts patients, who have no symptoms, from the high cost clinic service to an easily accessible and convenient service at an affordable cost. The online service, known as Sexual Health London (SHL), went live in January 2018 with Bromley participation in July 2018.
- The implementation of London Integrated Sexual Health tariffs for a range of STI treatments and Contraceptive Service with roll out phased from 1 April 2017 by provider trusts in London.

3.18 For services in London, Bromley continues the London collaborative commissioning approach with other London Boroughs in contract management with contracts held by the lead commissioner in each sub-region and in the south east London, this is Lambeth Council. In addition, boroughs are supported by the newly formed London Sexual Health Programme hosted by the City of London Corporation who currently held the online service contract on behalf of London Boroughs. A robust governance framework is in place to support the collaboration amongst boroughs in London.

3.19 The Council is also obliged to cover costs from providers who offer sexual health 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.

3.20 For 2017/18, the actual spend was £1,478k and despite continued growth in activities, this reflects a saving of £77k when compared to spend in 2016/17.

3.21 Table 1 shows the level of year on year savings - a reflection of the successful adoption of a new service model delivered through a series of service redesign and transformation over a number of years.

**Table 1. Sexual Health contracts**

Contract	14/15 Spend £000	15/16 Spend £000	16/17 Spend £000	17/18 Spend £000
In-Borough - King's College Hospital	990	932	871	767
Other London Providers	497	508	549	439
Other Out of Area Providers	152	138	135	212
Online Self-Sampling Service (as part of service re-design)				60
<b>Total</b>	<b>1,639</b>	<b>1,578</b>	<b>1,555</b>	<b>1,478</b>

#### **Category D: Service Level Agreements with General Practices**

3.22 In 2017/18 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 2017/18 was £585k, with an actual spend of £478k compared to the SLA value of £550k and spend of £455k in 2016/17.

#### **Performance and Risk Management**

3.23 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.

3.24 2017/18 was a year of transition due to the re-procurement of a number of services mid-year with the specification and key performance indicators changed when the new contracts commenced. Despite this, overall public health contracts have performed to a satisfactory level without the usual drop in service delivery and standards that are associated with contractual changes, and continue to deliver efficiencies in 2017/18. A balanced position of budget against spend has also been achieved.

3.25 The changes have also made the comparison of trend analysis and performance more challenging than previous years. Details about individual programmes and performance of relevant contracts are set out in the attached appendices 1 to 3.

#### **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 2017/18, the substance misuse services (both adults and young people) 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 was a reduction in the Grant in 2017/18 to £15,096k and again in 2018/19 to £14,708k. Further reduction is expected in 2019/20 to an indicative Grant of £14,320k. 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 needs to show that it spends £15.1m on Public Health related expenditure in 2017/18. 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.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, and Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	Report CS 18005 Gateway Review – Adults and Young People Substance Misuse Services Report CS 16008 - Gateway Review of Sexual Health Services Report CS16025 – Gateway Review of Health Visiting and National Childhood Measurement Programme