

North Tyneside Council Report to Cabinet 12 May 2014

ITEM 6(d)
**Update on Public Health
Commissioning 2014-15**

Portfolio(s): Adult Social Care

Cabinet Member(s): Councillor Lesley
Spillard

Report from Directorate: Public Health

Report Author: Marietta Evans Director of Public Health Tel: (0191) 6432880

Wards affected: All

PART 1

1.1 Purpose:

The purpose of the report is to provide an update for Cabinet in relation to key aspects of the Public Health Commissioning and Procurement Programme 2013-2015 as approved by Cabinet at its meeting of 10th June 2013 and to approve the revised commissioning arrangements. Any commissioning of services will be undertaken in compliance with EU Procurement Regulations and the Authority's Contracts Standing Orders.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Agree the revised commissioning and funding arrangements with regard to specific public health contracts and authorise the Director of Public Health to undertake appropriate procurements as necessary in accordance with EU Procurement Regulations and the Authority's Contract Standing Orders;
- (2) Agree the approach being taken to allow our partners to manage the risk of additional service costs to the Authority; and
- (3) Authorise the Director of Public Health in consultation with the Deputy Chief Executive, Head of Law and Governance and cabinet member for Adult Social Care to agree the service specifications and funding arrangements with the Northumbria Healthcare NHS Foundation Trust.

1.3 Forward Plan:

This report appeared on the Forward Plan that was published on 14th April 2014.

1.4 Council Plan and Policy Framework:

This report directly links to the Our North Tyneside Plan in relation to the overarching aim; 'Our people will be supported to live healthier and longer lives' and specifically in relation to the objective around; 'Introducing new Health Improvement Services to

support people to become more physically active and provide better access to healthy food in order to prevent ill health’.

This report also relates to the following objectives in the North Tyneside Joint Health and Wellbeing Strategy 2013-2023:

- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough
- To shift investment to focus on evidence based prevention and early intervention
- To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money

1.5 Information:

1.5.1 Background:

The Public Health Commissioning and Procurement Programme 2013-2015 was approved by Cabinet on 10th June 2014 and set out the strategic commissioning intentions of the Authority in relation to Public Health within the context of the Authority’s Procurement Strategy 2013-2017.

A range of health improvement services had been commissioned from Northumbria Healthcare NHS Foundation Trust (the “Trust”) to the end of the financial year 2013/14. These services included:

- Community Health Development;
- Health Living Centres;
- Children’s Healthy Living Services;
- Adult Weight Management Service; and

In the Cabinet report dated 10th June 2013 it was proposed that the contract for these health improvement services would not be renewed in 2014/15.

The services identified, with a total value of £1.18m were as follows;

- Community Health Development
- Healthy Living Centres
- Adult Weight Management
- Tobacco Control
- Healthy4Life – childhood obesity dietetic service
- Healthy4Life – childhood obesity nursing service
- Oral Health Promotion
- Breastfeeding Support

During 2013-14 the Director of Public Health and Public Health Team worked closely with North Tyneside Clinical Commissioning Group (NTCCG) to ensure that services changes proposed were understood and wherever possible aligned with NTCCG service development and commissioning plans going forward. While good progress has been made to re commission services in two service areas the clinical, HR and estate issues have proven more complex than originally envisaged.

The outcome has been to extend some services into 2014-15. Since February 2014 the Director of Public Health and Public Health Team have been worked closely with senior managers in the Trust and commissioners within NTCCG to reach an acceptable position in terms of the commissioned public health services to be retained and those which are no longer required.

The following services have been terminated at the end of March 2014;

- Breastfeeding
- Oral Health Promotion

Provision has been made with regard to these services within the Children's Centre health and wellbeing offer.

The following services are being re-commissioned for 2014-15 only;

- Tier 3 Adult Weight Management
- Healthy Living Centres

Revised service specifications have been developed for both these services and work has been carried out with NTCCG to ensure that the services are fit for purpose in relation to CCG rehabilitation plans going forward.

In addition the following services have been re-commissioned with the Trust for a period of two years initially from 1st April 2014;

- Public Health Nurses
- Healthy4Life Childhood Obesity Service

1.5.4 Procurement of other Public Health Services during 2014-15

As previously approved by Cabinet at its meeting of 10th June 2013 the following services will be procured in 2014/15:

- Sexual Health Services;
- CVD Health Check Services;
- Laboratory Services; and
- School Nursing Services

1.6 Decision Options

Option1

Cabinet may agree the recommendations at paragraph 1.2 of this report;

Option 2

Cabinet may not agree the recommendations at paragraph 1.2 of this report.

1.6 Reasons for recommended option:

Option 1 is the recommended option.

1.8 Appendices:

Appendix1: Public Health Commissioning & Procurement Programme 2013 – 2015

1.9 Contact officers:

Wendy Burke, Acting Consultant in Public Health Tel: (0191) 643 2104
Alison Campbell, Finance Business Manager Tel: (0191) 643 7038

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- (1) Health and Social Care Act 2012;
- (2) North Tyneside Council Procurement Strategy 2013-2017 agreed by Cabinet in March 2013;
- (3) Health Improvement Commissioning Strategy 2013/14

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

2.1.1 The Authority received a £10.4m ring-fenced grant to fund the transfer of public health responsibilities in 2013/14 and has received £10.8m in 2014/15. Commissioning and procurement decisions are to be made within the envelope of funding available.

2.1.2 Procurement is an important tool in the drive for both quality improvement and greater efficiency.

2.2 Legal

2.2.1 To ensure compliance with the European Union's procurement rules the Authority must comply with the provisions of the Public Contracts Regulations 2006 to the extent that they may apply to any procurement we undertake. A significant proportion of the Public Health services expected to be procured will not be subject to the full EU procurement regime as they are by their nature personal or local in nature, but this will not always be the case, and the regulatory requirements of any procurement must and will be assessed on a case by case basis.

2.2.2 The Authority also has a duty to secure best value from any procurement that it undertakes. The duty to secure best value applies to all procurements equally, and this is achieved by compliance with the Authority's legal requirements and internal governance rules (Contract Gateway Arrangements, January 2013).

2.2.3 The Authority will be required to fully document the arrangements with the Trust to ensure all liabilities are addressed and appropriate indemnities agreed.

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Consultation has been undertaken with the Elected Mayor, Cabinet Members for Adult Social Care and Leisure, Culture and Tourism, the Authority's Chief Executive and Deputy Chief Executive, the Head of Adult Social Care, Children Young People and Learning and Sport and Leisure.

2.3.2 External Consultation/Engagement

Consultation has taken place with North Tyneside Clinical Commissioning Group and NHS service providers. On-going engagement with service users will be a feature of all commissioning and procurement during 2014-2015.

2.4 Human rights

There are no implications in relation to human rights arising from this report.

2.5 Equalities and diversity

Currently there is a difference in the life expectancy between the most deprived and least deprived communities in the borough. The commissioning and delivery of services will aim to focus on closing this gap by ensuring that services target those who are most vulnerable and at highest risk of developing disease.

An Equality Impact Assessment has been completed.

2.6 Risk management

2.6.1 There are specific risks in procuring clinical services. It is anticipated that these risks will be managed through robust service specifications with clear standards and a system of reporting for serious untoward incidents.

2.6.2 In procuring services from new providers there are risks of service disruption during transition. These risks will be managed as part of the project plan.

2.6.3 The risks associated with the negotiated arrangements with Northumbria Healthcare NHS FT have been assessed as follows;

- The impact upon partners, particularly NHCFT as a result of the proposals to take approximately £900k of value out of the current NHCFT contract by the end of March 2015.
- TUPE implications in relation to services provided by NCHFT coming to an end in 2015.
- Risk of service disruption during the transition period.

2.7 Crime and disorder

There are no implications in relation to crime and disorder arising from this report

2.8 Environment and sustainability

There are no implications in relation to environment and sustainability arising from this report.

PART 3 - SIGN OFF

- Chief Executive X
- Deputy Chief Executive X
- Mayor/Cabinet Member(s) X
- Chief Finance Officer X
- Monitoring Officer X
- Strategic Manager
– Strategic Services X